

THE RELATIONSHIP BETWEEN POSTTRAUMATIC SYMPTOMS AND AFRICAN
AMERICAN MALE STUDENTS' THIRD GRADE READING SCORES ON
STANDARDIZED TESTS

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DEDICATION

I dedicate this research and all the passion it entails to my family for their strength and steadfast support of my endeavors. In particular, my dad, who informed ANY and EVERYONE who would listen of his account of his children's journeys and accomplishments. My mother, my first teacher, instilled a sense of self-worth and high esteem in me that has helped me through this journey. Raised in southern Texas schools during a time of segregation and inferiority, my parents valued education and made sure all of their children's basic needs were met so that we would be successful in school. Their work was not in vain as their love for us shines through any obstacles which always help my two brothers and me to remain focused on the vision as we strive for greatness.

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ABSTRACT

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The purpose of this quantitative study was to examine the relationship between posttraumatic symptoms and the third grade reading achievement of African American males on standardized tests. Parents of retained third grade and current fourth grade African American male students ($n = 85$) of two schools in Southeast Texas completed the Trauma Symptom Checklist for Young Children (TSCYC). Analysis included scores from the TSCYC and reading scale scores on the State of Texas Assessments of Academic Readiness (STAAR) for each student.

Four multiple regression analyses were conducted and resulted with the first hypothesis being partially accepted as posttraumatic symptom scales significantly predicted reading scale scores, $r^2 = .24$, $p < .03$, with posttraumatic intrusion in the non-clinical group significantly predicting reading scale scores ($sr^2 = .15$). The second hypothesis was partially accepted with trauma-related symptoms where the overall model was statistically significant, $r^2 = .28$, $p < .01$, with anger/aggression having the greatest impact. There was no significant effect on reading scale scores in the clinical group. These findings have implications for school counselors, clinicians, counselor educators, teachers, and administrators.

KEY WORDS: Youth trauma, Adverse childhood experiences, Standardized tests, Developmental trauma, Transgenerational trauma, Posttraumatic slave syndrome, School counselors, Trauma informed care

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PREFACE

As a school counselor, for years I observed multiple African American boys missing valuable classroom instruction time due to being referred to the office or suspended out of school for physical aggression, disruptive behavior, and defiance. As time progressed, the number of office referrals, special education referrals, and out of school suspensions for African American boys continued to supersede the numbers of other ethnicities. As the number of offenses increased, their reading scores decreased dramatically. How can we save these children? What type of society are we creating? Does anyone else see the elephant in the room? I am compelled to find answers and develop interventions to help this population.

In truth, I could not have achieved my current level of success without a strong support group. First of all, my family always support me with love and understanding. And secondly, my committee members, each of whom has provided valuable advice and support throughout the research process. Thank you all for your unwavering support.

“It is easier to build strong children than to repair broken men”

-Frederick Douglass

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CHAPTER I

Introduction

As the number of young African American males in special education programs, out of school suspensions, and school office referrals increase, it is important that clinicians and/or educators consider the relationship between posttraumatic and/or trauma-related symptomatology from adverse childhood experiences (ACE) and the academic performance for this population. Symptoms such as flashbacks, nightmares, intrusive thoughts, avoidance of situations that may trigger memories of trauma, heightened anxiety, excessive worrying, being easily startled, or excessive crying are some of the symptoms that may manifest and have long-lasting effects on youth that could consequently impair their development (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). ACE are distressing events experienced during childhood such as sexual, physical and emotional abuse, dysfunctions in the home, exposure to violence, and/or living in poverty. ACE often associated with exposure to complex trauma (see below), can severely compromise a child's mental, social, and physical development (Perry, 2006; van der Kolk, 2014).

There has been a considerable amount of research that support the negative effects that trauma exposure has on African American youth (Benitez et al., 2014; Skybo, 2005). Additionally, researchers indicate the disparities in academic performance caused by the negative outcomes of childhood exposure to trauma (Goodman, Miller, & West-Olatunji, 2012; Hernandez, 2011; McCoy, Raver, & Sharkey, 2015). There is a lack of research that addresses the reading performance of young African American males (Hernandez, 2011) and especially those who have experienced chronic exposure to multiple adverse

conditions in childhood (Benitez et al., 2014), often referred to as complex trauma (Cook et al., 2005). A focus on posttraumatic symptoms and academic performance can better inform educators for suitable academic interventions for young African American males. The current study intends to address this gap in the academic literature.

van der Kolk (2014) contended that the more adverse conditions a child experiences, the more his or her chances of experiencing the deleterious effects of trauma increases. With few exceptions (Hair, Hanson, Wolfe, & Pollak, 2015; Iruka, Curenton, & Gardner, 2015), early exposure to trauma rarely has been considered a predictor of poor academic progress among African Americans, specifically young males. As a result, many young African American male students with histories of posttraumatic symptoms receive punitive consequences at school for misbehavior and poor academic performance with little or no consideration of their traumatic experiences. Punitive discipline tends to exacerbate rather than improve their academic performance (Rudd, 2014; Smith & Harper, 2015; Wong, 2016). Further, they often are continuously misdiagnosed, misinterpreted, and mistreated (Cohen et al., 2012; Skiba, 2014; van der Kolk, 2014).

Symptoms of trauma have consistently placed many young African American males at a disadvantage in educational settings. Disparaging results of undiagnosed trauma, the overrepresentation of African American male youth in special education programs (Ford & Moore, 2013; Smith & Harper, 2015), escalating numbers of out of school suspensions, and early exposure to the juvenile justice system are some of the major issues that young African American males face (Skiba, 2014; Wong, 2016). All of these issues increase levels of anxiety, attachment issues, isolation, rejection (Cole et al.,

2005) and other related trauma among the African American male youth population (Wong, 2016).

Background of the Study

Several researchers have established that reading has been a long-time obstacle for many boys (Sousa, 2014; Tatum, 2006). Across the United States, boys are identified with reading problems three to four times more than girls (Sousa, 2014) and African American boys have experienced an even greater decline in reading over time.

Researchers for the 2017 National Assessment of Educational Progress (NAEP) studied the reading proficiency rates of young boys across ethnicities. In terms of reading abilities, they reported 14% of African American boys, 18% Hispanic boys, and 42% of Caucasian boys have demonstrated proficient reading levels in the United States (2017). As children are most vulnerable to the devastating psychological impairments of poverty, food deprivation, community violence, and other adverse conditions, their neurobiological response to such conditions may be abnormal brain development (Cohen, Mannarino, & Deblinger, 2006; Perry, 2006; Wong, 2016). Research supports this concept attributing structural and functional brain deficiencies in children to childhood trauma (Cohen, Mannarino, & Deblinger, 2006; DeBellis & Zisk, 2014; Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2017; van der Kolk, 2014).

As a result of these brain deficiencies, traumatized children experience deficits in cognition and social interactions with other people (Cook, et al., 2005). These factors have a devastating impact on academic functioning (Bücker et al., 2012; Carrion & Wong, 2012; Duplechain, Luo, Ogletree, Reigner, & Packard, 2013; Duplechain, Reigner, & Packard, 2008) and warrant further research, especially with respect to

trauma's impact on the reading proficiency of young African American males. Further, given the disadvantage of negative societal issues and complex trauma, trauma symptoms and subsequent behavior may transfer through generations either socially (e.g., aggression), cognitively (e.g., no one can be trusted), and/or physically (e.g., neurological deficiencies) (Coleman, 2016).

Statement of the Problem

African American males experience considerable amounts of trauma spanning from childhood throughout their adult lives (Sawyer, DeLapp, & Williams, 2016). Although any child could be at risk for being exposed to trauma, African American children and particularly young boys, are impacted by trauma at alarming rates because of exposure to community violence (Sawyer et al., 2016), poverty (Wong, 2016), and transgenerational trauma (DeGruy, 2005; Mohatt, Thompson, Thai, & Tebes, 2014). Further, there are little to no resources for psychological support. More than 27% of African Americans live in impoverished areas compared to less than 10% of their non-African American counterparts (Alexander, 2010). Children who live in impoverished areas are disproportionately more susceptible to adverse conditions such as neglect, sexual abuse, physical abuse, and violence, either directly or witnessed (Skybo, 2005; Wong, 2016). Not surprisingly then, African American male students also are overrepresented in Special Education programs as well as they receive the most severe punishment in school than their counterparts (Ford & Moore, 2013). All of the above factors have been noted to have a great impact on academic achievement (Ford & Moore, 2013) and they become progressively worse as exposure to trauma continues without intervention. Some researchers have shown a pattern of increasing numbers of African

American males in special education programs due to learning disabilities, especially reading difficulties, behavior disorders, and physical impairments (Ford & Moore, 2013).

Complex trauma. The National Child Traumatic Stress Network (NCTSN) defines complex trauma as:

the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment-including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence-that is chronic, begins in early childhood, and occurs within the primary caregiving system. Exposure to these initial traumatic experiences-and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood (n.d., website).

Compared to non-complex trauma, such as a one-time exposure to physical abuse, complex trauma has more detrimental effects on an individual. Children who experience complex trauma have difficulty making rational decisions (Cole et al., 2005) and may be constantly reminded of the traumatic event which makes life functioning more difficult (van der Kolk, 2014). “Many children who have been experienced [ongoing] adverse childhood experiences have cognitive deficits that may require support in the academic environment” (NCTSN, n.d.). Exposure to complex trauma presents greater risks and has been “found to cause neurobiological alterations, including chronic elevation of stress hormones and adrenergic neurotransmitters such as epinephrine that would tend to make

affective modulation more difficult” (Cohen et al., 2006, p. 8). Briere and Scott (2015) indicated that children who are exposed to multiple traumatic events often develop more severe mental and physical difficulties in life than those who experience single-incident traumatic events. Exposure to such traumatic experiences leave children at a disadvantage in many ways, especially academically. Such continuous maltreatment is directly correlated with lower success rates in school and unsatisfactory scores on standardized tests (Saigh, Mroueh, & Bremner, 1997) “and other indices of academic achievement” (Cook et al., 2015, p. 395). To this point, Viesel, Freer, Lowell, and Castillo (2015) examined the cognitive abilities of 120 children who had experienced maltreatment and found that compared to children who had not experienced maltreatment, maltreated children scored significantly lower in coding and processing speed in reading. Further, Crozier, Wang, Huettel, and DeBellis (2014) investigated the relationship of gender to the effects of maltreated youth and contended that children, more so males, who have been exposed to prolonged maltreatment, including cases of posttraumatic stress disorder, experienced deficits in executive functioning, impaired focused attention, and self-regulation. DeBellis and Zisk (2014) further included the lack of performance on standardized assessments to the list of deficits. Greater deficits are more prevalent among males, due to their having smaller corpus callosums than girls; thus, resulting in increased levels of anger, aggression, and more impulsive and irrational thinking during states of fear (Crozier et al., 2014; DeBellis & Zisk, 2014).

Although it has been recognized that African American males often struggle academically, there has been little research to examine the possible effect that trauma specifically has on their reading proficiency, especially young African American males from lower socioeconomic backgrounds (Skybo, 2005). The number of African American males in Special Education programs, as well as the number of suspension and retention rates exceed other groups of students at disproportionate rates (Busby, Lambert, & Ialongo, 2013; Goodman et al., 2012); yet, there is minimal research regarding the profound role that trauma plays in their lives.

As noted above, chronic posttraumatic symptomatology and adverse childhood experiences negatively affect neurobiological development and functioning (Carrion & Wong, 2012; Cook et al., 2005; DeBellis et al., 2010; DeBellis & Zisk, 2014; Hair et al., 2015; Perkins & Graham-Bermann, 2012). For example, Cook et al. (2005) noted domains of impairment for children who have experienced multiple traumatic experiences, one being cognition. The adversity that children experience causes physical fragmentation of the brain functioning (van der Kolk, 2014) producing defects of the brain's cognitive development, and subsequently causing children to have deficits in attention, abstract reasoning, and executive function abilities (Cook et al., 2005; DeBellis & Zisk, 2014). Moreover, DePrince, Weinzierl, and Combs (2009) found that trauma exposure negatively impacted children's executive functioning often leading to social, academic, and behavioral problems. The cognitive defects impair children's ability to focus on and complete tasks, language development, and their ability to process novel information (Cook et al., 2005; DeBellis & Zisk, 2014; DePrince et al., 2009). All are essential components of reading and comprehension. Sousa (2014) explained the

mechanics of successful reading as managing three techniques: “1) visual recognition, 2) auditory processing to decode the words, and 3) frontal lobe processing to determine meaning” (p. 123). As well, Sousa (2014) discussed the importance of working memory in reading in order to properly decode and process sentences. Further, Alloway, Gathercole, Kirkwood, and Elliott (2009) studied how working memory affects reading abilities and provided evidence that children with low working memory will subsequently have low academic progress and learning difficulties. Exposure to trauma may physically restructure the brain decreasing the mass volume in the corpus callosum (Cohen et al., 2006; DeBellis, 2014; McCarthy-Jones et al., 2017; van der Kolk, 2014) and stimulate an overactive amygdala causing an overflow of cortisol to the hippocampus which would decrease language processing and fragment memories, respectively. Both areas will likely result in cognitive dysfunction and reading difficulties (Alloway et al., 2009). Third grade appears to be a pivotal year for developing reading proficiency (Zakariya, 2015). Hernandez (2011) stated that by the end of third grade, students who have not mastered reading concepts are four times more likely to drop out of school. Reading deficiencies coupled with the disparaging rates of African American males who drop out of school (Smith & Harper, 2015) are positively correlated with an increase in the number of African American male students being introduced to the judicial system (Smith & Harper, 2015; Thompson & Massat, 2005). Thus, the relationship between posttraumatic symptoms and reading achievement is an important indicator to study due to the fact that reading proficiency largely determines students’ future academic success in school (Cooper, Moore, Powers, Cleveland, & Greenberg, 2014; Hernandez, 2011; Zakariya, 2015) and that the posttraumatic symptoms likely negatively affect reading due

to the impact on neurological development (DePrince et al., 2009). It also is an indicator of students' career path. Individuals lacking proficient reading abilities are more likely to work menial jobs or have no occupation at all which would perpetuate the cycle of poverty and oppression (Zakariya, 2015) within the marginalized group. This study was comprised of two groups. One group consisted of African American male students who have exhibited trauma symptoms as indicated by the parents' responses on the Trauma Symptom Checklist for Young Children (TSCYC). The other group consisted of African American male students who have exhibited little to no trauma symptoms. Clarifying the relationship between posttraumatic symptoms and reading performance will lead to additional research that identifies suitable interventions that improves young African American males' reading abilities and quality of life.

Purpose Statement

Based on the effects of posttraumatic stress symptoms, the purpose of this study was to examine the relationship between posttraumatic stress symptoms and African American male students' third grade reading scores on standardized tests.

Significance of the Study

Through previous studies, the impact of trauma on children has been well documented. Childhood symptomatology of traumatic stress may differ from that of adults, causing them to be neglected, misinterpreted, or even misdiagnosed (Goodman, et al., 2012). According to Lawson and Quinn (2013), "As a result [of being exposed to complex trauma], many of these children and adolescents experience lifelong difficulties related to self-regulation, relationships, psychological symptoms, alterations in attention and consciousness, self-injury, identity, and cognitive distortions" (p.1). Identification

of trauma may be easily obscured due to the similarity between these symptoms and other disorders, including attention-deficit/hyperactivity disorder, anxiety, mood disorder, conduct disorder, and depression (Goodman, et al., 2012). Additionally, similar behavior disorders have been found to be common among underachieving African American males (Goodman, et al., 2012).

The findings by Goodman et al. (2012) may be beneficial to all who are involved with the education and mental well-being of young African American males. For example, it has been discovered that elementary aged African American male students who have been exposed to violence for at least three years have lower reading scores on standardized achievement tests (Duplechain, Reigner, & Packard, 2008). Third grade reading scores were the focus of this study because the academic achievement gap has been found to become more divergent and widens during the third grade among African American students. Hernandez (2011) conducted a longitudinal study of approximately 4,000 students and revealed that those students who do not acquire reading proficiency by third grade are four times more likely to drop out of school before graduation than those who learned to read by the third grade. Thus, third grade assessments are critical in predicting the academic success (Sousa, 2014) of African American students and mark the onset of stated mandated standardized assessments in Texas (TEA, 2014).

In addition, approximately 31% of African American students living in poverty who do not read proficiently by third grade are less likely to graduate high school and are more likely to continue living in poverty (Hernandez, 2011). Students without the adversity of living in poverty and reach proficient reading levels by the third grade are

more likely to become academically successful and not fall behind their Caucasian counterparts (Hernandez, 2011).

Similar research have results consistent with Hernandez's findings. Zakariya (2015) purported that third graders who struggle with reading will also encounter lower earning potential in the workforce and are more likely to "suffer poor health, less likely to vote, and less likely to promote reading readiness in their children..." (Zakariya, 2015, p. 5). Additionally, students who do not read proficiently by the end of third grade are likely to have more behavioral and social difficulties in life, limiting their earning potential (Fiester, 2010). Finally, Finigan-Carr and Abel (2015) contended that the global disparities of poor mental health among African American students is positively correlated with low academic attainment, increased incarceration rates, and overall decreased opportunities for success.

As indicated in the above discussion, failure to develop reading proficiency by the third grade for African American boys places them at an extreme disadvantage for future success in life (Hernandez, 2011; Zakariya, 2015). Further, trauma exposure and subsequent posttraumatic and trauma-related symptoms likely have a negative impact on the development of reading proficiency and yet few if any studies exist examining this relationship. Results of this study will better inform educators about what symptoms to target in order to make adjustments in instruction and implementation of appropriate trauma-informed instruction for educators, such as trauma training for school counselors-in-training and trauma-informed school programs to reduce the negative effects of posttraumatic symptoms on the reading performance of young African American males.

Definition of Terms

For the purposes of this study, the following definitions are provided to ensure uniformity and understanding of these terms:

Academic Achievement Gap

The disproportion of educational attainment and academic performance between different groups of students such as Caucasians and minorities (Meyers, 2012). Most often the variance is studied between ethnic groups; however, comparisons are sometimes measured among high and low socioeconomic status communities.

Adverse Childhood Experiences (ACE)

Occurrences that have tremendous consequences on the livelihood of children. These experiences are categorized by the Center for Disease Control and Prevention (CDC, n.d.) as “risky health behaviors, chronic health conditions, low life potential, and early death” (CDC, n.d.). Varying in severity, adverse childhood experiences are those distressing events that occur in a child’s home or social environment that are physically and/or psychologically harmful (Kalmakis & Chandler, 2014). On the ACE questionnaire, specific experiences such as child sexual, physical and emotional abuse, functionality of the household, exposure to violence, and poverty are assessed (ACE, n.d.). As the number of adverse experiences increase, the risk for negative outcomes and trauma also increase.

Complex Trauma

Repeated experiences of multiple, chronic, and prolonged traumatic exposure that most often include a combination of “childhood sexual and physical abuse, emotional abuse and neglect, witnessed family violence, peer assaults, community violence, serious

illness or injury, and loss or separation from a caretaker or other significant family member” (Lanktree et al., 2012, p. 814). Further, maltreatment that is committed by a caregiver who is expected to provide a safe and supportive environment produced the greatest severity of symptoms. For the purposes of this study, complex trauma will be discussed in the context of children’s adverse experiences.

As a result, many children who have experienced ACE are at risk for difficulties that may originate in childhood and extend into adulthood. Symptoms include the inability to self-regulate their emotions, difficulty establishing and maintain relationships, developing psychological symptomatology, and cognitive distortions. Some adverse consequences of ACE may also lead to self-injurious behaviors such as addiction and self-identity disorders (Lawson & Quinn, 2013).

Developmental Trauma

A construct that originates in children who have experienced trauma, often occurring within the child’s caregiving system. It occurs when a child’s attachment needs have been compromised causing structural and functional changes of a child’s developing brain and nervous system (Weinhold & Weinhold, 2015). Traumatized children will develop biological and emotional dysregulation, impaired attachment, attention deficit, self-identity issues, and self-concept (Schimmenti & Caretti, 2016; van der Kolk, 2014).

Polyvictimization

Used interchangeably (not synonymous but describes the multiple types of abusive experiences associated with complex trauma) with the term *complex trauma*, refers to the multiple victimization of an individual. For the purposes of this study,

polyvictimization will refer to children who were victimized four or more times in a given year (Finkelhor, Ormrod, & Turner, 2016).

Socioeconomic Status (SES)

The classification of social status or class of an individual or group of people. SES is categorized according to level of education attained, household income, and occupation (American Psychological Association [APA], 2013). “Each of these [classifications] captures a different dimension of social stratification and provides a partial indicator of resources available to the person” (APA, 2013, p. 9).

Special Education Program

A program in public schools that provides specialized instruction and adapts instruction for students with “autism, deaf-blindness, developmental delay, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and other health impairments” (United States Department of Education, 2001, p. 8).

Standardized Tests

Tests that are researched and with proven reliability and validity data that are administered to students specifically for the purpose of identifying academic knowledge and skills in particular grade levels. Standardized tests assess the same data for all Texas public school students depending on their grade level and state learning objectives.

State of Texas Assessments of Academic Readiness (STAAR) Exam

An exam approved by Texas Education Agency (TEA) to assess Texas students in public schools. This state mandated standardized series of tests is administered to all

Texas third to twelfth grade public school students. Students are assessed each year in math, reading, science, social studies, and writing (TEA, 2014). Assessed subject areas are dependent upon the students' grade level.

Transgenerational Trauma

Used interchangeably in literature with intergenerational trauma, multigenerational trauma, collective trauma, and intergenerational post-traumatic stress, transgenerational trauma encapsulates the trauma experienced by a specific group of people that transfers through descendent generations (Goodman, 2013; Walters, et al., 2011).

Trauma

The actual or vicarious exposure to actual or threatened death, serious injury, or sexual violence either directly or a loved one (Briere & Scott, 2015). Trauma consists of emotional, developmental, and social impairments that may occur as a result of being exposed to an event, such as witnessing a tragic event or being directly victimized leaving the individual feeling in danger, helpless, and without control (Briere & Scott, 2015).

Theoretical Framework

There were significant theories that underpin this study. Developmental trauma and transgenerational trauma theory provided the underpinnings to address the role of trauma in young children. Both theories include the concept of how overwhelming traumatic distress disrupts a child's biopsychosocial existence (Cloitre, 2009; Schimmenti, 2012; Schimmenti & Caretti, 2016).

Developmental trauma. Developmental trauma begins in early childhood when children experience traumatic events that impair their developmental progression (Schimmenti, 2012; van der Kolk, 2005). The theory posits that the biological reactions to traumatic events truncate a child's overall development and could eventually impair his or her adult functioning as well (Briere & Scott, 2015; van der Kolk, 2005). The onset of developmental trauma begins when primary caregivers are emotionally withdrawn, violent, psychologically experiencing role-reversal, or neglectful (Schimmenti, 2012; van der Kolk, 2005). "When parents themselves get triggered and regress, they disconnect from their children and are unavailable to help them regulate their emotions." (Weinhold & Weinhold, 2015, p. 19). Childhood trauma is more damaging to children's development causing disruption in critical developmental growth since their brains are still malleable. Regarding developmental processes, childhood trauma has much more negative effects than those of adults (Cloitre et al., 2009). Cloitre et al. found that compared to adults who experienced trauma, childhood chronic trauma resulted in more severe and longer standing symptoms, such as dysregulation, cognitive deficits, negative self-image, behavioral dysregulation, attachment issues, and dissociation. "After a child is traumatized multiple times, the imprint of the trauma becomes lodged in many aspects of his or her makeup" (van der Kolk, 2005, p. 407). Children's sense of attachment shields them from danger and uncertainty. It provides them with the need for proximity and parental contact to feel secure (Lieberman & Knorr, 2007). A second psychological construct in children's development is the sense of exploration. This function equips children to be curious about their environment causing them to develop a positive sense of self and become more self-sufficient (Lieberman &

Knorr, 2007). These important constructs may be offset and eradicated through parents' lack of acknowledgement of their child(ren)'s needs.

Transgenerational trauma. Parents who have experienced trauma or learned maladaptive coping skills from previous generations due to transferred trauma, that is *transgenerational trauma*, may not have the emotional mechanisms to understand how to love and attend to their own children. This cycle of transgenerational trauma has a profoundly negative effect on the physical, mental, and social well-being of subsequent generations without proper mental health interventions. "Transgenerational trauma is used interchangeably with historical trauma (Walters et al., 2011), and may be conceptualized as an event or set of events perpetrated on a group of people (including their environment) who share a specific group identity (e.g., nationality, tribal affiliation, ethnicity, religious affiliation) with genocidal or ethnocidal intent (i.e., annihilation or disruption to traditional lifeways, culture, and identity) (p. 181)." In particular, researchers have noted the lingering dysfunctionalities in children and adults (Lieberman & Knorr, 2007; Schimmenti & Caretti, 2016; Walters et al., 2011). One severe impact of transgenerational trauma is the negative influence of violence on attachment. Early exposure to violence impairs brain development in young children causing cognitive deficits and learning disabilities. Chronic poverty and violence that is transmitted through generations multiplies children's risks and amplifies their diminished sense of attachment and safety.

Post traumatic slave syndrome. African Americans are not new to community violence, negative parent-child attachments, poverty, and oppression. Since the onset of chattel slavery, African Americans have lived in catastrophic conditions and have been

viewed by the majority culture as lower class people deserving of the most devastating treatment by others (DeGruy, 2005; Graff, 2014). Being kidnapped and transported in mass numbers from Africa to the United States, African Americans experienced complete uprooting from their land, family, customs, and native language (Graff, 2014). In addition to the shame and trauma they experienced during that time, the belief system that once defined African Americans continues to diffuse through some African American communities today (DeGruy, 2005). The transgenerational trauma and developmental trauma theories underpin the general concept of the posttraumatic slave syndrome. The posttraumatic slave syndrome defines the etiology of many of the negative survival defense mechanisms that occur among African Americans (DeGruy, 2005). According to DeGruy (2005), posttraumatic slave syndrome is a result of a “lifetime of traumas” (p. 114) that have left many African Americans with “psychological distress, feelings of detachment, sense of foreshortened future, irritability or outbursts of anger, and difficulty concentrating” (p. 115). As a result of their predisposition to multiple stressors and heightened levels of stress due to transgenerational trauma (Graff, 2014), Coleman (2016) argued that symptoms such as anger and hypervigilance are normal responses to the legacy of transgenerational trauma African Americans have experienced. The posttraumatic slave syndrome addresses the residual impacts of generations of slavery and oppression. Living in poverty, segregated in low SES communities, being labeled as lesser deserving citizens, some African Americans continue to respond to trauma in similar ways of survival as their oppressed African American ancestors. The symptoms of posttraumatic slave syndrome are parallel with the symptoms of developmental trauma. Even though not all African Americans

today have been directly traumatized by the tragic events of chattel slavery, according to the transgenerational trauma theory, the trauma is reflected in many of the African American belief systems, behaviors, and feelings of survival (DeGruy, 2005). The historical trauma that has transcended from slavery through modern day African Americans has resulted in developmental trauma causing significant brain and cognitive deficiencies (Goodman, 2013; Walters et al., 2011). This supports the assertion affirming that cognitive deficiencies and impaired cognitive development resulting from posttraumatic symptoms can have a negative effect on African Americans' academic achievement. This study used the developmental trauma and transgenerational theories, along with supplemental guidance from the posttraumatic slave syndrome concept to explain the relationship between posttraumatic symptoms and the third grade reading scores on standardized tests of African American males.

Research Questions

The current study addressed the following questions for each of the two groups: trauma group (clinical) and low or no trauma group (non-clinical). Because no previous research has compared a clinical trauma group with a non-clinical group of young African-American males with respect to reading scores, the study hypotheses are stated non-directionally.

Research Question 1: Do posttraumatic stress symptoms (intrusion, avoidance, and arousal) predict third grade reading achievement among African American males?

Subgroup A – Non-clinical group

Subgroup B – Clinical group

Hypothesis 1: The posttraumatic stress predictors (posttraumatic intrusion, posttraumatic avoidance, and posttraumatic arousal) will significantly predict third grade reading scale scores among African American males. There will be a difference in the results between the non-clinical and clinical groups.

Research Question 2: Do trauma-related symptoms (anxiety, depression, anger/aggression) predict third grade reading achievement of African American males?

Subgroup A – Non-clinical group

Subgroup B – Clinical group

Hypothesis 2: Trauma-related stress symptoms (anxiety, depression, anger/aggression) will significantly predict third grade reading scale scores of African American males. There will be a difference in the results between the non-clinical and clinical groups.

Limitations

There were some uncontrollable factors that could alter the generalizability of the study. Some of the participants may have relocated to the area of study due to high mobility rates and may not have lived in the community for more than three years. Another limitation is the experience variation among teachers. Some teachers may have more experience working with traumatized students than others, which could make a significant difference in the students' academic achievement. Further, each student's symptoms were identified according to the parent(s)' report on the Trauma Symptom Checklist for Young Children (TSCYC). Therefore, some parents may have had a tendency to misreport their child's trauma symptoms or underreport which would limit the generalizability of the results of this study.

Delimitations

Some limitations of this study may include limiting data collection to two schools, thus reducing generalizability. Not comparing multiple ethnic groups and not controlling for teachers with little experience/training working with traumatized students are additional limitations that may be examined in future research. All participants in this study are the parents of students who attended two specific urban elementary schools in a low SES area. All students resided in low SES communities, although some may have relocated to the area due to high mobility rates. All students were retained third grade or current fourth grade African American males to indicate the importance of targeting this population before the academic achievement gap occurs. Although Pinto, Correia, and Maia (2014) have indicated that using face-to-face interviews offer higher prevalence rates of underreporting than self-administered questionnaires in obtaining information regarding childhood trauma, parents participating in this study will complete the TSCYC on behalf of their children.

Assumptions

There are several major assumptions in this study. First, it was assumed that all retained third grade and current fourth grade African American males included in this study attended the school in their neighborhood. According to the NCES (2012), 14% of African American children attend the school in their immediate community or neighborhood. It was also assumed that all of the students had been subjected to similar types of community violence, poverty level, and lack of resources in the community and school as well (Ullucci, & Howard, 2015), based on the communities in which the participants lived.

Next, it was assumed that exposure to such adverse conditions can be related to the cumulative effects of trauma placing them at risk for poor mental and academic outcomes. It was also assumed that all teachers were state certified and had been adequately trained in record keeping and administration of the State of Texas Assessments of Academic Readiness (STAAR) exam. Under the mandates of the Texas Education Agency (TEA), all certified teachers in the school district are required to receive annual training prior to administering the STAAR exam. All third grade students in Texas public schools are required to take the exam and will be assessed in reading and math (TEA, 2011-2017).

The final assumption is that parents were honest when completing the TSCYC based on observations of their child(ren)'s behavior. Preliminary consent forms included the importance of honesty but did not obligate them to participate if they opted out of the study. Results and implications were based upon the reports of trauma symptoms from the TSCYC.

Organization of the Study

Five chapters comprise this study. Chapter 1 introduced the study by presenting background information, statement of the problem, purpose of the study, significance of the study, definition of terms, theoretical framework, research questions, limitations, delimitations, and assumptions of the study. Chapter 2 presented a review of literature and research related to the prevalence of adverse childhood experiences and trauma symptoms in the African American population, specifically among young African American males. The literature is organized to present a thorough overview of the impact of trauma on African American males and the relationship between trauma

symptoms and the reading scores of this population. Chapter 3 details the methodology and procedures used in the study, including a description of the population, instruments used, data collection, and data analyses. The results of analyses and findings from the study are specified in Chapter 4. Chapter 5 concludes the study and includes a summary of the study and findings, conclusions drawn from the findings, a discussion, and recommendations for further research.

CHAPTER II

Literature Review

This review focused on relevant research on various studies related to the impact of posttraumatic stress symptoms on the cognitive, psychological, behavioral, and academic achievement of African American males with a specific focus on its relationship to African American males' reading scores on standardized tests. The review examined transgenerational trauma as a means for understanding the relationship between posttraumatic stress symptomatology and young African American males' reading performance. This review concluded by examining trauma symptoms that result from ACE and how these symptoms impact reading scores on standardized tests and the behaviors of elementary school African American males. The review culminates with possible implications for the present study.

This investigation included several databases. The databases used were as follows: Dissertations and Thesis-Full Text; Dissertations at Sam Houston State University's Newton Gresham Library; EBSCO; ERIC; Harris County Public Library; Houston Public Library; Medline; and SAGE.

Prevalence of Trauma

Across the United States, epidemiologic studies have revealed the significant increase in trauma and child maltreatment (Finkelhor, Turner, Shattuck, & Hamby, 2015; Ruiz, 2016). Researchers reported that nearly one-half of American children have experienced at least one out of the ten traumatic experiences on the ACE questionnaire by age 18 (Ports, Ford, & Merrick, 2016; Saunders, & Adams, 2014; Thompson et al., 2015). Some adverse childhood experiences that correlate with children's distress

include “emotional abuse, physical abuse, sexual abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, incarcerated household member, and parental separation or divorce” (Finkelhor, Shattuck, Turner, & Hamby, 2013, p. 72). As children are exposed to trauma during early childhood, problems often manifest in cognitive, emotional, and social deficits (Grasso, Dierkhising, Branson, Ford, & Lee, 2016).

Because development is a scaffolding process, as children reach each developmental stage, previous trauma may interfere with the normal development and set a platform for a wide range of dysfunctional development and behaviors (Grasso et al., 2016; McLaughlin, Sheridan, & Lambert, 2014). Moreover, researcher results indicate that trauma may induce posttraumatic symptoms that can extend across the lifespan into adolescence and adulthood leading to severe psychological and physical symptoms if left untreated (DeGruy, 2005; Finkelhor et al., 2013; McLaughlin, Sheridan, & Lambert, 2014; Myers et al., 2015). Ruiz (2016) conducted a more recent study of childhood sexual abuse and stated that ethnic minority children are more likely to be sexually abused even though a significant number of minority children are not included in studies of trauma symptoms of abused children. This would explain the underrepresentation of minority children in these types of trauma studies despite the prevalence of abuse among children (Ruiz, 2016).

It is imperative that therapists, school counselors, parents, and caretakers closely examine the salient acts of abuse and their resultant dismal experiences on children. Many cases go unreported, making accountability of the exact number of childhood maltreatment cases sketchy; however, researchers have reported an abundance of

violence, neglect, sexual abuse, and physical abuse of children across the country (Childhelp, n.d.; Finkelhor et al., 2015; Ruiz, 2016). The United States Department of Health & Human Services (2018) disseminated data from the Child Maltreatment 2016 report indicating that the rates of child maltreatment have fluctuated over the previous five years. Child maltreatment increased 3% from an averaged 656,000 reported cases in 2012 to about 676,000 reported cases in 2016 (USDHHS, 2018). Although the reported incidents of trauma and child maltreatment have increased, the retrospective reports of child abuse by adults are notably higher. More studies have revealed a high prevalence of adults who retrospectively report traumatic events during their childhood (Finkelhor, Turner, Shattuck, & Hamby, 2015; McLaughlin et al., 2013). Lawson (2009) indicated that approximately 25% to 35% of women and 10% to 25% of men in the U.S. retrospectively reported being sexually abused as a child. Moreover, 10% to 20% of U.S. adults reported experiencing physical abuse as a child (Briere & Elliott, 2003; Finkelhor, Hotelling, Lewis, & Smith, 1990).

Unfortunately, it is likely that adults who have experienced childhood trauma would also report multiple types of interpersonal trauma stemming from his or her childhood (Lawson & Hight, 2015). For example, in a study of 4,053 children and adolescents between ages 2-17, “66% had experienced more than one type of abuse, 30% experienced five or more types, and 10% experienced 11 or more types” (Turner, Finkelhor, & Ormrod, 2010 p. 325). Multiple types of abuse indicated in the study included sexual, physical, assault, community violence, and bullying. In another study, the Illinois child welfare system studied 4,272 youth and found that 34.5% had been exposed to multiple, chronic trauma by a caregiver (Kisiel, Fehrenbach, Small, & Lyons,

2010). Both studies directed attention to children who have experienced multiple abuse and also, indicated the prevalence of chronic psychological symptomatology than youth who have not experienced multiple accounts of trauma (Lawson, 2017).

Assessing Trauma

The process of screening children for trauma symptomatology is important and should be carefully researched prior to the screening process (Lang & Connell, 2016). According to Lang and Connell (2016), screening is essential in identifying children who have trauma exposure in order to provide appropriate interventions according to the child's specific needs. Childhood trauma exposure may be measured in a number of ways. Some adverse experience and trauma exposure assessments typically consist of questions inquiring about the frequency and age of exposure. Others may include questions about the child's trauma symptoms. For example, the Trauma Symptom Checklist for Young Children (TSCYC) (Briere, 2005) is useful in assessing trauma in children between the ages of 3-12 (Crandal & Conradi, 2013). A parent or caregiver would complete the checklist and provide the information to evaluate the child.

Another assessment device is the ACE questionnaire (ACE, n.d.). It is commonly used to inventory the number of adverse childhood experiences children have experienced. The number of experiences positively correlates to the level of trauma the child has experienced. McLaughlin et al. (2014) explained the relationship between the ACE questionnaire and traumatization. They posited that as the number of adversities increase, so does the likelihood of psychopathology (2014). Similar to the TSCYC, the ACE questionnaire is a brief and non-invasive tool. The ACE questionnaire may be self-reported and measures the number of adverse experiences an individual had prior to the

age of 18. Because the ACE questionnaire has been closely associated to identifying various types of trauma exposure (Felitti et al., 1998), it is a useful tool to use in assessing levels of exposure to trauma because the more adversities an individual reports, the greater the odds are that the individual will experience emotional challenges in the future (Ports et al., 2016).

The Traumatic Events Screening Inventory-Revised Parent Report form (TESI-PRF-R) (Ippen et al., 2002), and the Child and Adolescent Needs and Strengths (CANS) Trauma Comprehensive Version (Kisiel et al., 2010) are more examples of childhood trauma screening tools that require a response from the clinician or parent. Moreover, they have supported psychometric characteristics of measure and suggest valid and reliable measure of childhood traumatic exposure (ACE, n.d.; Briere, 2005; Ippen et al., 2002; Kisiel et al., 2010).

The Traumatic Events Screening Inventory-Revised Parent Report form (TESI-PRF-R) (Ippen et al., 2002) is completed by the parent as it is stated in the nomenclature of the form. The TESI-PRF-R is a free instrument that evaluates a myriad of potentially traumatic experiences as well as the child's perception and reaction to the experiences (Crandal & Conradi, 2013). Ippen et al. (2002) reported that the instrument is more developmentally sensitive to the traumatic experiences that young children may experience. Further, it is more sensitive to the traumatic experiences of children. In contrast, Crandal & Conradi (2013) stated that it had not been evaluated for psychometric characteristics.

Lastly, the CANS Trauma Comprehensive Version (Kisiel et al., 2010) is a free assessment system that was developed to support children in making decisions regarding their care (Crandal & Conradi, 2013). It is supported with psychometric characteristics and is also well documented and supported by National Child Traumatic Stress Network (NCTSN) (Kisiel et al., 2010). The CANS also includes a metric for determining exposure to complex trauma.

Environmental Factors

Socioeconomic factors. Nationwide studies have been conducted that indicate the harmful effects that the lower socioeconomic status may have on the mental and physical welfare of children (Alegría, Green, McLaughlin, & Loder, 2015; APA, 2017; Letourneau, Deffett-Leger, Levac, Watson, & Young-Morris, 2011). Korat, Klein, and Segal-Drori (2007) conducted a two group, cross-sectional study and found that there is a positive relationship between SES and literacy. The findings indicated that as SES decreased among youth participants, so did literacy. However, Letourneau et al., (2011) noted that in their study, literacy was mediated by qualities of “maternal-child interaction” during spelling and reading assessments and was also moderated by gender (p. 219). They discovered that boys consequently had lower performance across all SES conditions (Letourneau et al., 2011). To that end, McElroy (2005) reported that low SES is associated with increased anger and aggression. There is a great amount of evidence to support the positive relationship between low SES and low academic achievement (Bücker et al., 2012; Carrion & Wong, 2012; Hernandez, 2011; Wong, 2016); however, a few studies found SES less significantly related to academic performance. A review of the literature noted one previous study by White (1982) who argued that SES was barely

related to academic achievement. It must be noted that low SES does not predict trauma; yet, it is a proxy to increased behavior issues in children, decreased IQ, and poor early literacy skills (Coley, Lynch, & Kull, 2015). Additionally, low SES is a proxy to other conditions such as underdeveloped language skills, drug or alcohol dependency, malnourishment, mental or emotional problems such as depression, anger, and anxiety (Lau, Krase, & Morse, 2009). Additionally, it has been disputed that housing policies segregated poor communities and not only gave way to concentrated poverty-stricken areas, but also created more secluded affluent communities as well (Ingram, 2013). In recent reports the American Psychological Association (APA) (2017) and Alegria et al.; (2015) purported that the number of minorities living in poverty is more than double the rate of Caucasians (14%) and Asians (14%). The rate of African Americans living in poverty is estimated at 39% and 32% for Latinos. According to the ACE study (ACE, n.d.), minority youth living in low socioeconomic status (SES) communities are exposed to a higher number of adverse childhood experiences (Felitti et al., 1998). The increased number of adverse experiences and unstable social structure places the youth in low SES areas at a higher risk of diminishing mental well-being, self-esteem, and resilience due to a lack of resources in their environment (APA, 2017). Goodman, Miller, and West-Olatunji (2012) purported that various types of trauma, including poverty, affects brain development and cognitive functioning. “Children of lower socioeconomic backgrounds may be at greater risk of experiencing traumatic stress because of the vulnerability of marginalized groups” (Goodman et al., 2012, p. 253). In turn, the brain’s response to trauma may have a negative effect on children’s attention spans and their ability to regulate their emotions (Cook et al., 2005; Goodman et al., 2012). Low SES is well-

documented as having detrimental effects on children's overall mental, physical, and social well-being, particularly for African American boys' (Alegria et al., 2015; APA, 2017; Letourneau et al., 2011; Zakariya, 2015). McLaughlin et al. (2014) indicated that SES does not necessarily predict overall harm to children; however, depending on the extent and number of negative variables present, SES usually compounds the deleterious effects of the child's environment. Limited resources as a result of poverty may cause a feeling of segregation and exclusion "which contribute to the incidence of internalizing and externalizing behaviors, are also associated with low SES" (Letourneau et al., 2011, pp. 211-212).

Community violence. Generally, youth are more vulnerable to mental health issues, social dilemmas and school issues (Voisin, Patel, Hong, Takahashi, & Gaylord-Harden, 2016) that may develop into more severe adverse concerns. There is a clear disparity among the prevalence of exposure to community violence that impacts the African American youth population compared to their Caucasian counterparts (Butcher, Galanek, Kretschmar, & Flannery, 2015). Not only does this population suffer from racial stereotypes and stigma, but they are considerably more at risk of being exposed to community violence than any other race (Butcher et al., 2015; Noguera, 2014; Sawyer et al., 2016; Voisin et al., 2016). Childhood exposure to community violence is directly correlated with negative mental well-being including trauma symptomatology (Butcher et al., 2015; Cohen, Mannarino, & Deblinger, 2006), posttraumatic stress disorder (PTSD) (van der Kolk, 2014; Voisin et al., 2016), and decreased IQ and reading ability (Delaney-Black et al., 2002). In a recent study, Voisin et al. (2016) found that when young children in Chicago were exposed to community violence and shootings, their cognitive

abilities significantly decreased. Sharkey, Schwartz, Ellen, and Lacoé (2014) asserted that any form of violence, affect children's cognition and academic abilities.

Additionally, McCoy, Raver, and Sharkey (2015) studied 359 urban children's neuropsychological performance within one week after being exposed to community violence that occurred within a one-mile radius of their homes. The results indicated that the stressor reduced the children's cognitive ability to concentrate and were more prone to faster, less accurate responses, indicating high levels of anxiety and low cognitive capacity. Voisin et al., (2016) reported that there is a gap in literature that addresses how exposure to community violence is negatively related to "mental health, delinquency, school engagement, substance use, and sexual risk behaviors across a sample of African American youth" (p. 97).

Impact of Trauma

There are two types of trauma. Physical trauma and psychological trauma which refers to the psychological stress of an event or events that are so devastating that the individual's world views, meaning of life, and self-perceptions are distorted (Schimmenti & Caretti, 2016). For the current study, the psychological term *trauma* is defined as the "exposure to, actual or threatened death, serious injury, or a threat to the physical integrity of self or others," particularly when the individual's reaction results in "intense fear, helplessness, or horror" (American Psychiatric Association [APA], 2013 p. 143). Trauma may be direct or indirect such as witnessing a homicide or being sexually abused, respectively (Ratner et al., 2006). In either case, the traumatic event leaves the survivor emotionally and intellectually disorganized between what he or she felt or believed in before the event and what he or she now knows or believes in; hence, causing a psychic

separation in identity and consciousness, which often leaves the survivor confused, frightened, and disturbed (Schimmenti & Caretti, 2016). At times, the survivor may be triggered by subsequent traumatic events that could reactivate intrusive thoughts and hyperarousal of the earlier trauma (Fossion et al., 2015) that tend to impede logical reasoning causing a constant state of bewilderment and anxiety (Voisin et al., 2016).

Developmental Trauma Theory

Although developmental trauma disorder is not recognized as a classifiable disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (APA, 2013) at the time of this study, it is viewed as a chronic form of trauma exposure that is more prevalent than the commonly known trauma that leads to PTSD (Weinhold & Weinhold, 2015). According to Schimmenti and Caretti (2016), developmental trauma is a compilation of cumulative traumatization and may not always include blatant material neglect or physical abuse but it always consists of “emotional neglect, intense role-reversal, or parental behaviors directed at the psychological domination of the child” (p. 109). The importance of the parent/caregiver cannot be overstated. In fact, parental emotional absence may cause children to detach from their own mental state, or dissociate, to escape their painful and traumatic experiences (Schimmenti & Caretti, 2016).

Since the ongoing exposure to trauma creates continuous changes in the brain’s hormonal responses, developmental trauma changes the physical structure and functionality of the brain. In turn, developmental trauma may cause developmental delays, have a negative impact on attachment, hinder self-regulation, and lead to

dissociation which perpetuates transgenerational patterns of attachment disorders when left untreated (Weinhold & Weinhold, 2015).

Transgenerational Trauma

The transference of trauma from one generation to the next can be applied to cycles of trauma including the trauma experienced by previous generations passed down to younger ones (Goodman, 2013). Using the framework of transgenerational trauma, this study was based on the historical trauma of African American descendants of slavery that runs concurrently with racism in current society. The patterns of transgenerational trauma manifest among families in various ways (Goodman, 2013). Goodman (2013) described *conspiracy of silence* as the act of families refusing to discuss past trauma in order to move forward and not burden the younger generations (p. 392). Present-day disparities among marginalized populations perpetuate a lack of cultural trauma. To this point, marginalized populations avoid mental health interventions to address memory issues, unproductive coping skills, and cognitive dysfunctions.

Biologically, the structural damage to the brain imposed by developmental trauma carried through generations lends to learned maladaptive coping skills and cognitive deficiencies (Kirmayer, 2014). Continuous adverse childhood experiences and attachment disorders lead to harsh parenting, self-hatred, and increased cortisol levels which damage brain structure and impair learning (Milani et al., 2016) (see Figure 1).

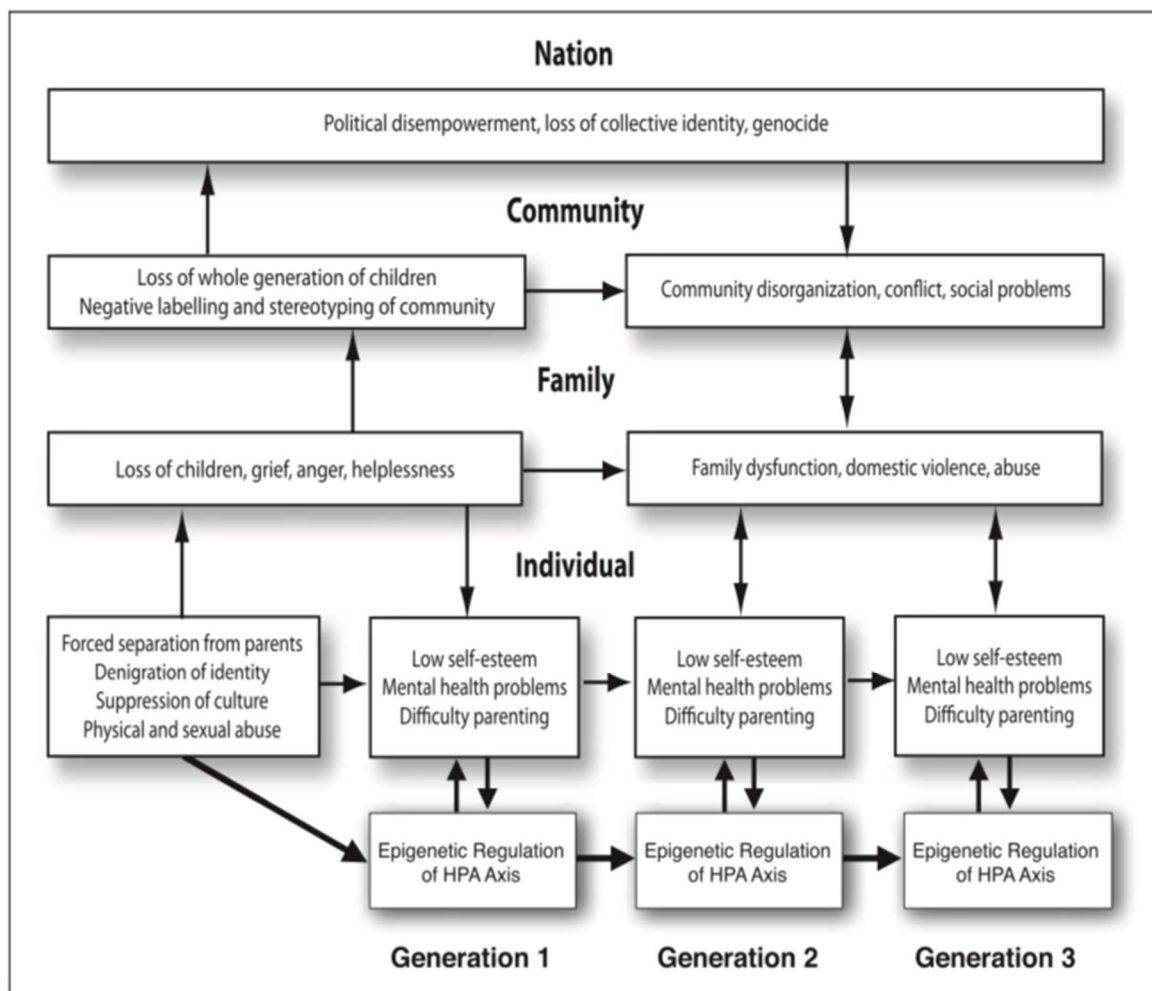


Figure 1. Transgenerational transmission of historical trauma. (Kirmayer, 2014, p. 309).

Post traumatic slave syndrome. In viewing other postulates of learned behavior and the scientific evidence of how trauma exposure physically affects the human brain, post traumatic slave syndrome (PTSS) (DeGruy, 2005) imparts the necessary perspective when evaluating the African American culture. The theory suggests that traumatic stress, originating from slavery and spanning through generations, has altered African Americans' brain structure over time. Their relationships were broken leaving them with attachment issues and hypervigilance for survival methods as they persevered through many violent acts against them on a continued basis. Additionally, the cultural shock has

left many African Americans with a lifetime of posttraumatic residue that has not been addressed by many researchers. The study of PTSS as a condition is directly connected to the social-psychological-environmental factors of oppression, racism, and other stressors of African Americans (DeGruy, 2005). In fact, the torment continues as they are channeled into low SES communities with limited resources (Butcher et al., 2015), having minimal access to mental health care (Cokley et al., 2014), and attending schools with limited funding (Zirkel & Cantor, 2004). Since the onset of slavery and developmental trauma, African Americans have been left to their own defense mechanisms and practices to make sense of their place in the world and their link with their history and the way it has been perceived by others and themselves (DeGruy, 2005; van der Kolk, 2005). With the increased cortisol levels from exposure to the transgenerational traumatic stress and oppression, some African Americans continue to incur difficulties in cognition, self-regulation, and reading.

Neurological Development and Trauma

Trauma has deleterious effects on the developing brain of children (Cohen, Mannarino, & Deblinger, 2006; van der Kolk, 2014). According to Bessel van der Kolk (2014), a child's brain is vulnerable to trauma. There is a positive relationship between the onset of traumatic events and the child's age (van der Kolk, 2014). Read, Fosse, Moskowitz, and Perry (2014) posited that brain functioning changes upon prolonged exposure to trauma during childhood. There is limited research on the impact of trauma symptoms on African American boys' brain development; however, a few researchers have reviewed studies and found that maltreated children in general experience brain restructuring and deficient functioning that impairs learning (Jackowski, De Araújo, De

Lacerda, De Jesus Mari, & Kaufman, 2009; Milani, Hoffmann, Fossaluzza, Jackowski, & Mello, 2017).

The physical structural changes in the brain often lead to psychosis and physical and mental illness across the lifespan (Crozier et al., 2014; Read et al., 2014). Because trauma is more harmful in young children due to the plasticity of their young developing brain structure, early childhood trauma exposure may drastically change the biological structure of the brain (DeBellis et al., 2015; Perry, 2006; Perry, 2009). As children grow and the trauma persists, brain development becomes more severely impacted. Schimmenti and Caretti (2016) and van der Kolk (2014) stated that with early support, the biological structure could be changed as well, but in a more positive way.

When children experience trauma and incur trauma symptomatology, the impact may spread over a lifetime (Carrion & Wong, 2012; Fossion et al., 2015; van der Kolk, 2014). Read et al., (2014) and Goodman et al., (2012) described trauma as being the culprit of low academic achievement in maltreated children. Research indicates neurocognitive deficits in children who have suffered from repeated adverse childhood experiences (Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2016). Further, trauma causes emotional dysregulation and memory fragmentation in the human brain (Briere & Scott, 2015; Painter & Scannapieco, 2013, van der Kolk, 2014). And particularly as concerns the current research, children who have been exposed to trauma have lower IQ scores and more difficulty reading (DeBellis & Zisk, 2014).

Effects of Childhood Trauma

The brain responds to trauma in various ways eventually affecting all aspects of a child's life, including social development, physical development, attachment, and learning (Briere & Scott, 2015; Carrion & Wong, 2012; Cohen et al., 2006; Lawson & Quinn, 2013; van der Kolk, 2014). The amygdala is a small area of the human brain that has been recently found to have a significant role in working memory and learning (Aas et al., 2012). It is also connected to human emotion and is the brain's alert system (Milani et al., 2017). When the brain perceives danger, primarily fear, the amygdala is activated. As the amygdala is triggered, it will stimulate the adrenal cortex to produce an increased amount of cortisol placing their bodies on high alert (DeBellis et al., 2015; Painter & Scannapieco, 2013) causing a flight, fight, or freeze (van der Kolk, 2014; Perry, 2004; DeBellis et al., 2015; DeBellis & Zisk, 2014; Porges, 2007) reaction in the child.

As children are repeatedly exposed to trauma, the amygdala becomes locked into alert mode resulting in a consistent alarming state in the child. A persistent sense of danger or fear may cause children to appear to be hypervigilant and aroused. The hippocampus involves the functionality of working memory, encoding and retrieval of information (Milani et al., 2017), all of which are essential for proficient reading (Sousa, 2014). Over-production of a stress hormone, cortisol, damages the hippocampus and, in turn, fragments short term memory and comprehension (Painter & Scannapieco, 2013; Schimmenti & Caretti, 2016). As the hippocampus is flooded with large amounts of cortisol from the adrenal cortex, it simultaneously disengages the encoding and memory

processes (Milani et al., 2017) making it difficult to concentrate or focus on specific tasks such as reading (Painter & Scannapieco, 2013).

Since the impact of trauma is highly dependent upon children's thoughts, beliefs, and reactions to the adverse event, psychological and physiological symptoms may vary (Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016). Adverse situations and exposure can manifest in posttraumatic symptoms such as intrusion, arousal, and avoidance (APA, 2014; NCTSN, n.d.; Perfect et al., 2016). Other subsequent trauma related symptoms can include anger/aggression, anxiety/depression, and dissociation. Such physiological reactions can result in impaired cognitive functioning such as memory impairment, learning problems, attention disorders, and impaired reasoning (Briere, 2005; Perfect et al., 2016).

Impact of trauma on cognitive development. The human brain is a unique organ in that it is its own functioning system with the overall successful functioning depending on the operation of each part of the brain. When particular areas of the brain are impacted by trauma and adverse experiences, there are certain consequences specific to each area. For example, maltreated boys have smaller corpus callosum sizes leaving them more susceptible to trauma symptoms and PTSD (DeBellis et al., 2015). Similarly, Aas et al. (2012) conducted a study and discovered that children with previous exposure to severe trauma have significantly smaller amygdalae and poor cognitive performance, executive functioning, and language and verbal development. Bessel van der Kolk (2014) stated that psychological problems occur when our internal signals don't work, when our maps don't lead us where we need to go, when we are too paralyzed to move, when our actions do not correspond to our needs or when our relationships break down

(p. 55). The prefrontal cortex, located in the front area of the brain, is the last to physically develop and occupies 30% of space inside the skull (van der Kolk, 2014). Additionally, the prefrontal cortex is largely responsible for planning and decision-making, regulating complex cognitive behavior, and personality development (van der Kolk, 2014). This “rational” (van der Kolk, 2014, p. 55) portion of the brain manages social and emotional interactions with others, managing tasks and meeting goals, and managing our time (van der Kolk, 2014). It is very important in making rational and reasonable decisions and making executive decisions. When trauma occurs, the brain reacts in various ways. Depending on the age and level of development of the traumatized individual, the reaction may vary. When a person becomes traumatized, he or she generally become trapped in that state (Briere & Scott, 2015; Perry, 2004). The brain will not allow individuals to progress or incorporate new experiences in their lives (van der Kolk, 2014). Children who have been traumatized may become fixed in the distressed state and have a difficult time readjusting themselves so their brains will continue as if the trauma is still occurring (Carrion & Wong, 2016). Intrusive thoughts may interrupt their sense of safety, and at this point, every moment is a matter of unintentionally reliving the trauma that places them in constant panic and survival mode (Carrion & Wong; 2016; van der Kolk, 2014). As a defense mechanism against feelings of being emotionally overwhelmed, some children “may protect themselves through denial, disbelief and dissociation” (Shallcross, 2010, p. 27). They often tend to have difficulty attending to regular tasks and may have recurring flashbacks, night terrors, and sometimes dissociation. Children may develop defense mechanisms to protect themselves by dissociating and blocking out certain intrusive thoughts of the trauma they

have experienced (Painter & Scannapieco, 2013; Schimmenti & Caretti, 2016). To the lay onlooker, the child may appear to be daydreaming, confused, and/or aloof. School-aged children who experience dissociation may miss vital instruction and be misinterpreted as being disengaged or inattentive in class. Moreover, children who are hyper vigilant and aroused may be labeled as disruptive and aggressive; thereby being removed from the classroom setting and missing more essential instruction. Children will automatically experience fear in life-threatening situations (Cohen et al., 2006).

These fear responses may sometimes be unforeseen and occur at any given time. People, places, things, or situations that may trigger the child's memories of the traumatic event may cause the same level of fear as the original trauma (Cohen et al., 2006). When children encounter traumatic triggers, adults may not be aware of the trigger and misinterpret the child's reaction. Such cases are often seen in classrooms where children may react to fearful memories and are perceived as daydreaming, not paying attention, or overly active and restless. "Fearful memories are also encoded in the brain differently than those from non-traumatic memories" (Cohen et al., 2006, p. 6). Trauma may cause cognitive distortions and alter the way children think about themselves, their perpetrators, and any others (Cohen et al., 2006) in their social world. Although attempting to find a reason for the tragic incident that happened to them, children may eventually find themselves unsuccessful and develop their own irrational beliefs to explain the traumatic event (Cohen et al., 2006).

Impact of trauma on social development. Trauma may cause children to react to others in peculiar ways. In many cases trauma does not resolve on its own, thereby becoming worse over time (Malchiodi, 2008). For example, exposure to trauma often has

a negative effect on cognitive, emotional, and behavioral development (Grasso et al., 2016; van der Kolk, 2014) resulting in emotional instability and behavioral misconduct (Grasso et al., 2016). Further, when trauma is left untreated, it may manifest and present itself in other ways mimicking various disorders and behavioral issues such as mood swings, grief/despair, enuresis, restlessness, lack of attention, hyper vigilance, anger and aggression. Even though this list is not comprehensive, it is clear that the listed symptomatology may be misinterpreted as bipolar, depression, and attention deficit hyperactivity disorder (ADHD) (van der Kolk, 2014). Shallcross added additional symptoms that may be associated with childhood trauma exposure, “sleep disturbance, emotional instability and impaired concentration” (2010, p. 27). Social-emotional-behavioral functioning plays a significant role in children’s learning and overall school success. Again, these behaviors may seem as though the child is not paying attention or acting out. Not having the vocabulary to properly to express their feelings, a young traumatized child may experience the feelings of being helpless, confused, and ashamed by not being able to understand or explain what is happening to them (Malchiodi, 2008). Children may also become very fearful and mistrusting of others (Malchiodi, 2008). Their age and level of development are predictors of how the child will respond to the trauma (Cohen et al., 2006). Ongoing trauma experiences that begin early in life will have more adverse impacts on the young child than will experiences later in adolescence (Cohen et al., 2006; Grasso et al., 2016). When caregivers fail to nurture and calm a child after a traumatic event, children feel invalidated, fearful, angry, and may respond negatively towards others (Cohen et al., 2006). Adults often wondered why children witness traumatic events and, in turn, begin to exhibit the same abusive, aggressive, and

disruptive behaviors later. “Trauma-related behaviors may also develop in response to modeling” (Cohen et al., 2006, p. 9). For example, when children experience physical abuse and domestic violence, they learn to solve their problems with anger and violence (Cohen et al., 2006). Sexually abused children may learn that those sexual behaviors are a way to gain control over someone else and develop ongoing sexual behaviors (Cohen et al., 2006).

Impact of trauma on physical development. Presenting problems may not always be what they appear to be. Children experiencing trauma may complain of headaches, backaches, stomachaches, sudden sweating, constipation or diarrhea, or frequent colds or other illnesses when expressing their distress (Shallcross, 2010). Cohen et al. (2006) explained that traumatic stress leads to high pulse rates and blood pressure, increased physical tension and hyper vigilance in children. van der Kolk (2014) explained that prolonged exposure to trauma causes structural changes in the brain so it is logical to assume that the altered brain structure would contribute to decreased brain functioning. A previous study illustrated the results of children with a history of sexual abuse, physical abuse, or exposure to domestic violence were reported to have had “smaller brain sizes, lower IQs, poorer grades, smaller corpus colossi, and higher dissociation scores” (Cohen et al., 2006, p. 14) than their counterparts who had no history of trauma exposure. Thus, it might be expected that a child who has been exposed to trauma for prolonged periods would decline in all life experiences, particularly in academics.

Impact of trauma on psychological development. Trauma may have psychological effects as well as physiological effects (Briere & Scott, 2015; DeBellis & Zisk, 2014; van der Kolk, 2014). One aspect of physiological effects of trauma is the manifestation of trauma in certain areas of the brain (van der Kolk, 2014). van der Kolk (2014) purports that severe maltreatment physically “rewires” the brain impacting one’s perceptions of the world and causing one to view him or herself as helpless against others who appear as threats (p. 167). Further, he specified that not everyone will respond to the same treatments indicating the necessity for therapists/clinicians to focus on the underlying issues of the trauma rather than only attempting to treat and medicate the symptoms (van der Kolk, 2014). Taillieu, Brownridge, Sareen, and Afifi (2016) found that children who had experienced child abuse and other forms of maltreatment exhibited symptoms consistent with several Axis I and Axis II mental disorders in the DSM-5 (APA, 2013). They purported that trauma symptomatology persisted over a lifetime and increased the odds of lifetime diagnoses including, but not limited to major depression, anxiety disorders, PTSD, social phobia, and borderline personality disorder (Taillieu et al., 2016). There was a high correlation between childhood trauma and dysfunctional family environments that could possibly compound children’s symptomatology (Taillieu et al., 2016) causing attachment issues (Perry, 2004; van der Kolk, 2014) and the continuation of trauma throughout generations (DeGruy, 2005). Moreover, trauma symptomatology appears to be particularly damaging to children’s sense of safety, self-esteem, and self-acceptance (Taillieu et al., 2016).

Exposure to trauma also may have a transgenerational effect. Jovanovic et al. (2011) studied participants from a highly traumatized urban community and found that

children with mothers who have experienced childhood trauma have greater amounts of trauma symptoms than children whose mothers did not report a history of childhood trauma. Thus, not only does trauma impede the physical development and function of the brain, transgenerational transference likely involves behavioral and biological transmission of trauma symptoms to children (Jovanovic et al., 2011; Painter & Scannapieco, 2013; van der Kolk, 2014). This supports the developmental (Schimmenti & Caretti, 2016; Weinhold & Weinhold, 2015) and transgenerational trauma (DeGruy, 2005) theories that underpin this study.

Impact of trauma on African American males. Roberts, Gilman, Breslau, Breslau, and Koenen (2011) explored racial and ethnic dissimilarities related to exposure to traumatic events and found that African Americans are at greater risk with an 8.7% higher lifetime prevalence of posttraumatic stress disorder (PTSD) than Caucasians (7.4%). Benitez et al. (2014) revealed that African Americans are more prone to polyvictimization and are more at risk with higher exposure to child abuse and violence. This is calamitous for African American males as they are exposed to more major trauma (Benitez et al., 2014; Sawyer et al., 2016) which has a negative impact on various aspects of their lives throughout their lifespan (DeBellis & Zisk, 2014). Literature related to the social, physical, and academic improvement of the African American male is scant but there is a surplus of negative impressions in the media (Sawyer et al., 2016) regarding the detrimental impact of adverse childhood experiences on African American males. African American males are at a disadvantage as they are continuously, negatively portrayed in the media and targeted as being violent, aggressive, and troublemakers in school (Noguera, 2014). This incessant stigma reduces their chances of feeling safe and

respected. Further, repeated negative experiences leave them little opportunities to evaluate their situations, and employ coping skills before the onset of the next devastating event (Murray, Cohen, & Mannarino, 2013). The American Psychological Association (2017) reported that 67% of African American children live in single-parent households in low SES communities. A “significant amount of racial trauma occurs in low-income communities of color; these experiences range from daily microaggressions to blatant acts of racism that get under the skin via stress, daily hassles, and stereotype threat” (APA, 2017, p. 3). African American male students who live in poverty, have been exposed to multiple trauma, and who have reading deficiencies are more at risk of having multiple difficulties as adults (Hernandez, 2011; Zakariya, 2015). Hernandez (2011) reported that it is evident that children living in poor households will be more likely to have parents with limited education, leaving them more susceptible to earning lower incomes. Findings from this study indicate the necessity to address the issue of young African American males who have been exposed to trauma. This could conceivably initiate a positive change in African American children attaining education success and acquiring a better quality of life.

African American males in the community. African American male children who live in low SES communities and have inherited “relational poverty” may have limited support from family members and lack a positive presence in the community (Letourneau et al., 2011). Further, it is apparent that poverty has a profound grip on the African American population causing them to rely on their traditional methods of survival which has been loosely termed and stereotyped as African American culture (DeGruy, 2005), such as becoming easily aroused, exhibiting aggression, relying on

assistance from others, and residing in segregated clusters. There is a particular community response to African American males who struggle to survive in their communities marked by violence (McMahon et al., 2013). As the level of community violence increased, the sense of safety among African American males decrease thereby causing an influx in aggressive behaviors to protect themselves. McMahon et al. (2013) studied urban children in Chicago and reported that there is an inverse relationship between exposure to community violence and prosocial behavior. Children respond to community violence and perpetuate aggressive behavior as a way to protect themselves from harm. McMahon argued that this behavior is disconnected from their prosocial behavior (2013). Their findings are consistent with the previously discussed literature supporting heightened alertness, hyper vigilance, and increased cortisol levels when exposed to community violence. Stemming from transgenerational trauma related to slavery and oppression, African American males develop a sense of mistrust and hyper vigilance over time (DeGruy, 2005), resulting in overactive amygdala and increased cortisol levels which inhibit reading and cognition (Aas et al., 2012; DeBellis, et al., 2015; Milani, 2017; Painter & Scannapieco, 2013).

African American males in school settings. Researchers have indicated that more African American males than any other population are in special education programs due to having learning disabilities, behavior disorders, and physical impairments (Ford & Moore, 2013; Sawyer et al., 2016). In the educational arena, this phenomenon brings about more controversial issues for children who are often misdiagnosed with attention deficit hyperactivity disorder (ADHD) or conduct disorder (Painter & Scannapieco, 2013), specifically African American males. In the event that the students are exhibiting

trauma symptomatology that is being misdiagnosed, the outcome will be more unfavorable, leading to more behavioral disruption and/or academic difficulties in school. Researchers have contended that children who have endured various types of trauma, are more prone to poor attention spans, poor concentration, anger-related issues, and depression (Jensen, 2009; Kenemore, Lynch, Mann, Steinhaus, & Thompson, 2010). In the classroom setting these issues would cause great concern for the teacher as it would inhibit the child's learning and functioning (Kenemore et al., 2010). Oftentimes, the traumatized child will act out, causing classroom disruptions that result in consequences such as out of school suspension that will reduce their classroom instruction time.

Experiencing polyvictimization and repeated adverse experiences may induce physical problems and illnesses such as headaches, stomachaches, and difficulty breathing (Gaskill & Perry, 2014) which would cause children to visit the school nurse often and miss classroom instruction. Further, multiple physical issues may eventually cause increased school absences. In either case, more classroom instruction is lost due to traumatic stress-related symptoms and illnesses. Morrissey, Hutchison, and Winsler (2014) examined the relationship between third and fourth grade students' SES, school absences, and academic achievement. Their findings indicated third and fourth grade children with low SES had more absences from school resulting in poorer test scores in reading and math. Because excessive school absences are directly associated with lower educational success, this would be a particular concern for low SES students living in poverty and who have been exposed to trauma (Hernandez, 2011; Morrissey et al., 2014; Zakariya, 2015).

Academic Achievement Gap

Teachers not trained to work with trauma-exposed children coupled with them being held accountable for their students' academic performance, spells more trouble for African American male students. Beginning at the elementary level, there is a plethora of factors that may influence the child's academic success (Davoudzadeh, McTernan, & Grimm, 2015). Studies indicate that children who did not perform well academically and consequently were retained, generally were African American male students who lived in poverty and had less educated parents (Davoudzadeh et al., 2015).

Childhood trauma symptomatology can impact a child's whole environment, eventually taking a negative toll on the child's ability to learn (Painter & Scannapieco, 2013). Children exposed to trauma and violence may exhibit emotional, cognitive and behavioral reactions that can interfere with their academic achievement (Painter & Scannapieco, 2013; Perry, 2004; Ratner et al., 2006). Poverty does not specifically predict trauma and decreased cognition; however, it has been found to be linked to increased behavior issues in children, decreased IQ, and poor early literacy skills (Coley, Lynch, & Kull, 2015).

When young children experience polyvictimization, they are more likely to internalize than externalize their problems (Cohen et al., 2006; van der Kolk, 2014); hence, perpetuating more posttraumatic symptomatology. With the detrimental academic impact that trauma brings, along with a decreased sense of school belonging, the school dropout rate will continue to increase. Addressing these issues early at the elementary level may reduce the high rate of high school dropouts among African American males (Wong, 2016). Issues at the elementary level may affect the odds of African American

male students dropping out of school later (Goldschmidt & Wang, 1999; Goodman et al., 2012).

It has been well documented that exposure to trauma interferes with academic adjustment at school, and particularly reading difficulties (Goodman et al., 2012; Jensen, 2009; Letourneau et al., 2011; Schwartz & Gorman, 2003). With the structural and functional impairments in the brain after exposure to ACE (van der Kolk, 2014), it is likely that children would have deficits and an inability to concentrate in the classroom setting, consequently negatively impacting their reading performance. Additionally, their emotional disturbances would not allow them to negotiate the demands of school (Schwartz & Gorman, 2003).

It is of the utmost importance that the reading deficits among African American male students be addressed due to the increasing number of high school dropouts and those not entering college (Goodman et al., 2012). Because “exposure to neighborhood violence has been associated with anxiety, depression, increased aggression, and lower school achievement,” (Holt, Finkelhor, & Kantor, 2007, p. 504) more teachers and counselors should receive professional development and training on how to care for traumatized students. Additionally, “high school students who had experienced high levels of childhood sexual abuse, sexual harassment, and dating violence reported more psychological distress and a lower sense of school belonging than their non-victimized peers and peers with fewer victimization experiences” (Holt et al., 2007, p. 504).

In particular, reading achievement is a concern due to the fact that later academic success is primarily predicated on the ability to read (Cooper et al., 2014; Hernandez, 2011; Zakariya, 2015). Reading is a portal to success in higher education. It is a broad

part of the educational system's curriculum and students may reach a high level of frustration when they are unable to read. Dell'Antonia (2012) reported in the New York Times, "Children who aren't reading proficiently by fourth grade are four times more likely to drop out of high school, and according to the National Assessment of Educational Progress, only 34% of America's fourth graders read at grade level" (Dell'Antonia, 2012, p. 1).

Hernandez (2011) conducted a longitudinal study and concluded that children who were poor for at least a year *and* were not reading proficiently in third grade, the proportion of those who don't finish school rose to 26 percent. The rate was highest for poor black and Hispanic students, at 31 and 33 percent respectively. Even so the majority of students who fail to graduate are white (pp. 4-5).

In previous studies, researchers discovered a relationship between high school graduation, reading skills ability, and poverty rates (Hernandez, 2011; Clayton, 2011). This correlation has long been a concern to educators. The No Child Left Behind (NCLB) Act was designed to assess reading skills annually for all students beginning in third grade (USDE, 2001). The students' results are categorized and reported by poverty status, race/ethnicity, and factors including English Language Learners and children in the special education programs (USDE, 2001). There are apparent gaps in the educational process in serving economically disadvantaged and minority students. Consistent with findings from previous research, African American males decline in reading performance (Goodman et al., 2012; Sousa, 2014). Assessment results and demographic data are reported to the state assessment boards with the assumption that the

data is being monitored to ensure efficient educational programs. In this regard, the data identifies a significant gap in the reading achievement of young African American males living in poverty. Although schools and parents may intervene, the problem lies at a higher level of administration.

Trauma Interventions in Schools

For the African American male to be successful, researchers have established the importance of self-identity (Erikson, 1968), social support (van der Kolk, 2014), and social development that connects their entire environment (Iruka et al., 2015). School counselors are a valuable resource for students who have been exposed to trauma and should employ activities and programs that address the needs of young African American male students providing them opportunities to feel a sense of belonging, support, and resilience. It is important that school counselors receive sufficient training to work with this population (Fitzgerald, 2013).

Perry (2004) acknowledged the importance of attachment. Even without secure attachment from the home, children may still benefit from secure attachment from school personnel or an outside caregiver. Since connection and belonging is critical to marginalized populations, school counselors should also assist African American students in emotional regulation, by assisting them in recognizing their thoughts and emotions regarding trauma and neglect (van der Kolk, 2014). Emotional regulation is the critical issue in managing the effects of trauma and neglect. African American males may learn resilience by becoming more aware of their abilities to regulate their emotions and choices; and also that they are valued in society.

Summary

To date, there has not been a study as this to examine the effects of posttraumatic symptoms and trauma-related symptoms resulting from trauma exposure on the third grade achievement of African American males. After an exhaustive review of the literature, few previous studies were found related to the relationship between posttraumatic symptoms and the reading scores on standardized tests of African American males. African American young males' academic issues should be addressed in many contexts in order to begin a cycle of success. Based on the developmental trauma and the post traumatic slave syndrome resulting from generations of slavery, young African American males have experienced residual impact of intergenerational traumatic exposure including structural inequalities that continue to have a negative impact on their mental health.

Transgenerational trauma has impaired the African American males' physical structure of the brain causing an academic gap and low reading scores on standardized tests. The study specifically focused on this population due to the significantly increased incidents of dropouts, increased enlistment in special education programs, increased school suspensions and office referrals, and the overall increased stigma and disparity among third grade reading achievement among African American males. Findings contribute to subsequent studies on the impairment of transgenerational trauma and how school personnel, parents, and clinicians may approach this population and provide quality mental health interventions in order to decrease the gap in reading achievement affording young African American males a quality lifestyle.

CHAPTER III

Methodology

This chapter includes an overview of the research design, population, instrumentation, data collection, and data analysis used in this study. The purpose of this study was to investigate the predictive relationship between posttraumatic stress symptoms (posttraumatic intrusion, posttraumatic avoidance, and posttraumatic arousal) and the third grade reading scores on standardized tests (reading scale scores) State of Texas Assessment of Academic Readiness; STAAR) of African American males. The STAAR exam is a standardized exam designed to assess the academic performance of Texas students in grades 3-12 (TEA, 2017). Trauma symptoms were measured by the parent-reported trauma symptoms on the TSCYC (Briere, 2005).

Research Design

A quantitative-predictive design was used that was based on parent-report of their child's trauma symptoms on the TSCYC and the STAAR assessment reading scores completed by third grade African American male students. The extent of the trauma symptomatology was measured by the total posttraumatic scale on the TSCYC. Although this method may have limitations in that there is a possibility of parental over- or under- reporting on the TSCYC, there is an even greater risk in tasking the students to complete the checklist themselves given their ages and maturity levels. This method was most appropriate to determine the relationship between the variables without re-traumatizing students and causing them harm. The variables in the study were identified as follows. The predictor variables were trauma related symptoms which were measured by the parent-completed TSCYC. The criterion variable was the retained third grade and

current fourth grade African American elementary male students' scale score of their reading assessments on the STAAR exam in third grade. The STAAR exam is a standardized exam designed to assess the academic performance of Texas students in grades 3-12 (TEA, 2017).

Participants

The population pool for this study consisted of retained third grade and current fourth grade African American males from two selected elementary schools within a large urban school district in Southeast Texas. The final sample ($n = 85$) consisted of 48 African American male students whose caregivers indicated clinical level trauma symptoms and 37 male students who had no or low trauma symptoms. Clinical and non-clinical range were determined for each participant by the Total Posttraumatic Stress (PTS) scale score on the TSCYC. A t -score of 65 and above is considered to be in the clinical range, with a score below 65 being in the non-clinical range. Since STAAR exams are administered at the end of the students' third grade year, fourth grade students' reading scores were studied based on their third grade data. Because the researcher is the counselor at one of the schools where data were collected, purposive sampling was employed. This sampling technique entailed "selecting a sample based on the researcher's experience or knowledge of the group to be sampled" (Lunenburg & Irby, 2008).

Students were identified and selected according to students' neighborhoods zoned to the identified elementary school. Children who had been identified from school records as having low IQs (an intelligence-quotient [IQ] score that falls below 70 on an intelligence scale) (Drummond, Sheperis, & Jones, 2016) and/or learning disabilities

were excluded from the study. The logic of criterion sampling was to investigate the data that met the specific set of criteria providing useful information that was important to the study (Lunenburg & Irby, 2008; Sandelowski, 2000).

The participants for this study were recruited from two elementary schools within the same school district located in Southeast Texas. Regarding one school, in 2017-2018, there were 740 students enrolled during the time of the study. Of the 740, 62.3% were African American, 35.0% were Hispanic, 1.4% were Caucasian, less than 1% was reported as American Indian, Asian, and Pacific Islander. Of the 740 students enrolled, there were 168 fourth grade students, with 97 being male and 63 being African American males. Seventeen African American males were retained in third grade. Approximately 90% of the student population is economically disadvantaged, and 38.3% are classified as at-risk (TEA, 2018).

For the second school, in 2017-2018, there were 693 students enrolled. Of the 693 students, 40% were African American, 56% were Hispanic, < 2% were Caucasian, and < 1% reported as other. Of the 693 students enrolled, there were 171 fourth grade students, with 89 being male and 54 being African American males. Fifteen African American males were retained in third grade. Seventy percent of the student population were classified as at-risk (TEA, 2017). African American fourth grade males and African American males who were retained in third grade from both schools will be eligible to participate in the study.

According to the school district's enrollment data, in 2017-2018, they reported a district-wide enrollment of 67,331 students with 86.19% who qualify for the federal free and reduced lunch program which is an at-risk factor and an indicator of low

socioeconomic status. Additionally, of the total enrollment, the district reported 1.9% Caucasian, 72.9% Hispanic, 23.1% African American, 1.2% Asian, less than 1% Native American, and less than 1% Native Hawaiian/Other Pacific Islander (TEA, 2017).

Students from both schools reside in different neighborhoods with similar environmental issues. Both schools are located within low socioeconomic areas with high crime rates. Crime rates for each neighborhood were collected from the City of Houston Police Department (COHPD) neighborhood crime statistics report (2018). The overall crime rate in the city ranks 94.3% higher than other cities in the U.S. (COHPD, 2018). The crime rates in the neighborhoods are reported monthly. In the neighborhood of the first school, there were 726 violent crimes reported in May 2018. As of 2016 (last reported), the average median household income was \$27, 142.00. As for the neighborhood of the second school, 521 violent crimes were reported in May 2018. As of 2015 (last reported), the average median household income was \$44, 041.00 (COHPD, 2018).

Between the two schools selected for this study, there were 149 students eligible to participate. All parents were contacted to participate in the study. Fifty-one parents were contacted but did not participate and nine parents agreed to participate but were no-shows. In an effort to conduct a more robust study, solicitations were sent to parents of eligible males on five separate occasions between the two participating schools.

Instrumentation

The TSCYC (Briere, 2005) was employed to measure trauma symptomatology of the participating child(ren). The TSCYC is a 90-item instrument completed by caregivers that identifies multiple symptoms that children (ages 3-12) often experience

when exposed to trauma The TSCYC is comprised of 8 scales that measure trauma symptom based on a checklist of symptoms.

According to Briere et al. (2001), the TSCYC is a reliable instrument with alpha coefficients for clinical scales ranging from .81 for Sexual Concerns to .93 for PTSD-Total, with an average scale alpha of .87. The response level validity scale, “which taps a general tendency to deny even normal, minor problematic behavior in one’s child,” is relatively reliable with an alpha of .73, the atypical response, “which evaluates parent/caretaker willingness to endorse a series of very unusual and unrelated behaviors”, does not have good reliability with an alpha of .36 (Briere et al., 2001 p. 1007). Strengths of the TSCYC are: 1) it contains specific scales to determine the validity of parent responses, 2) it evaluates a range of post-traumatic symptoms, and 3) it allows for the clinician to compare the parent responses to a large representative sample of other parent responses from the general population (Briere et al., 2001).

On each of the 90 questions, parents were asked to select the symptoms that their child has exhibited. The questions on the TSCYC are listed in Likert style format with responses 1) *not at all*, 2) *sometimes*, 3) *often*, and 4) *very often*. After the researcher scored the completed instrument, raw scores were converted to *t*-scores. *T*-scores between 65 and 69 were considered potentially problematic, and *t*-scores equal to or greater than 70 were viewed as clinically significant. (Briere, 2005; Crandal & Conradi, 2013). In an attempt to remain unobtrusive, the researcher waited outside of the room as each parent completed the checklist unless a parent asked a question for clarity about the study or checklist.

The STAAR exam was developed specifically to assess Texas public school students' academic achievement (TEA, 2017a). The series of assessments are based on the state board of education's standards and common core objectives that students are expected to learn in each grade level (TEA, 2017a). For this study, the third grade STAAR reading objectives were reviewed. The third grade reading exam assesses students across three categories: 1) understanding across genres, where students are expected to understand texts from various themes, 2) understanding and analysis of literary texts, where students are expected to comprehend and analyze literary texts, and 3) understanding and analysis of informational texts, where students are expected to comprehend and analyze informational texts. All questions were listed in multiple choice format. For the purposes of this study, reading achievement was measured by the total scale score of the reading assessments. The scale score is a conversion of the raw score into a scale that combines all test categories for the reading STAAR assessment (TEA, 2017). The raw score is simply the number of correct questions on each particular set of test questions. The scale score is a composite score that is the total of all reading three categories. The scale score is appropriate for this study because it quantifies the students' reading achievement relative to the passing standards of Texas (TEA, 2017). Reading achievement was determined by the reading scale scores on the STAAR assessment of each student. The scale scores were interpreted by the levels stated on the score report – *Did Not Meet* – student did not pass; *Approaches* – student received satisfactory scale score; *Meets* – student met standard requirements; *Masters* – student reached an advanced academic level (TEA, 2017).

According to the TEA guidelines of third grade reading achievement in Texas, a reading scale score below 1345 does not meet criteria for third grade reading level. A reading scale score between 1345 and 1467 approaches, yet does not meet criteria for third grade reading level. A reading scale score between 1468 and 1554 meets criteria for third grade reading level, and a reading scale score of 1555 and above indicates mastery for third grade reading level.

Validity evidence of the STAAR assessment is the intention of the STAAR scores to indicate what students have learned in each specific grade level. This validity is also based on the expectation that scores will indicate what students are likely to achieve in the future (TEA, 2017a). Reliability of the STAAR describes the repeated consistency of test results in all testing conditions. It is based on the mandated annual training of test administrators to ensure the repeated administration of the same test to produce consistent results. In 2016, reliability coefficients were reported as good, ranging from 0.87 to 0.92 (TEA, 2016).

Data Collection

Upon receiving approval from the Institutional Review Board of Sam Houston State University, permission was sought from the district deputy superintendent of curriculum and instruction and principals of both schools prior to making contact with parents. Once permission was granted to conduct the study, solicitation letters were sent to parents ($n = 149$) of all African American retained third grade and current fourth grade male students containing information about the study. Parents who expressed interest in participating in the study set a date to meet with the researcher to complete the consent form, demographic questionnaire, and complete the TSCYC. The meetings with parents

were held in a private office to protect the privacy of the parents and students. Parents read and signed a consent form to participate in the study, completed the demographic questionnaire and TSCYC on behalf of their child(ren). Most participants completed the inventories within 20-30 minutes. They were reminded that they may withdraw from the study at any time and that data would be compiled for analysis after all parents completed the instruments.

The participants were asked to complete a demographic questionnaire that included questions about their relationship of the caregiver to the child, gender of the caregiver, age of the caregiver, race/ethnicity of the caregiver if not African American, and the age of the child. The researcher retained a list of participating parents coded with an accompanying number for each parent. However, only the accompanying number was attached to their questionnaire, responses, and the children's identifying information on the STAAR exam. Participants were entered into a drawing to win a gift card if they participated in the study.

Data Analysis

In this descriptive analysis, the participants' data were only measured once with the intention of identifying the association between variables (Creswell, 2012). As described earlier, parents specified the frequency of each symptom on a four-point Likert scale, ranging from 1-4 with 1 indicating *not at all* and 4 indicating *very often* on the TSCYC.

Upon receiving the de-identified data from the completed instruments and reading scale scores from the STAAR exams, the data were entered in an SPSS file with each indicated as either clinical or non-clinical based on the Total PTS scale. One group consisted of African American males who exhibited more trauma symptoms (t -score >

65) and the other group consisted of African American males who exhibited either low or no trauma symptoms (t -score < 65).

After data was collected and entered into a data file, four multiple regression analyses were computed, two for each group. The same predictor and criterion variables were included in the regression analysis for each group. For one analysis, the predictor variables were posttraumatic symptoms of intrusion, avoidance, and arousal and the criteria variable was the reading scale scores. For the second analysis, the predictor variables were the trauma-related symptoms of anxiety, depression, and anger/aggression with the same criteria variable, reading scale scores. Results of the regression analyses were examined for each individual group as well as visual comparisons of the results between the differences of the two groups.

Summary

This chapter contained a brief summary of the methodology of this study. The aim of this study was to investigate the relationship between posttraumatic symptoms and the third grade reading achievement on standardized tests of African American male students. It was anticipated that the higher intensity of posttraumatic stress symptoms categorized in the DSM-5 and trauma-related symptoms identified by the TSCYC would predict reading achievement. TSCYC scores would negatively correlate to reading scale scores on the STAAR exam.

Scores were used from the TSCYC that were calculated by the parents' responses on the TSCYC. Students' scale scores from their STAAR reading assessment results were also used. A correlational quantitative research design was deemed most suitable for this study because the scope of the research entails investigating the relationship

between the independent variables of posttraumatic symptoms and the dependent variable of reading scale scores from the STAAR exam. The following chapter will present the results and data analyses of the study.

CHAPTER IV

Results

This chapter restates the purpose and design of the study and is followed by an overview of the descriptive statistics and demographic variables. It includes the research questions, results of the data analyses, tables that support the data analyses, and a summary of the findings of the research.

Purpose and Design of the Study

Although some studies have examined the negative implications of the links between trauma and childhood development, the current study is novel in that it includes measures of trauma- and trauma-related symptomatology from a sample of retained third grade and current fourth grade African American males in an urban community of Southeast Texas. The purpose of the study was to assess the predictive relationship between posttraumatic symptoms and the third grade reading achievement of African American males. Parents of retained third grade and current fourth grade African American male students were solicited to complete the *Trauma Symptom Checklist for Young Children* (TSCYC) on behalf of their children.

Descriptive Statistics

Prior to conducting the primary analyses, the researcher checked for normality, linearity, and multicollinearity. There were no violations of these assumptions. Table 1 presents the intercorrelations for all variables. There were significant negative correlations between all variables and the reading scale scores. Lower trauma symptom scores were associated with higher reading scale scores. Table 2 presents the means and standard deviations for all variables.

Table 1

Intercorrelations for TSCYC and Reading Scales

Variable	1	2	3	4	5	6
1. Anx t-score						
2. Dep t-score	.780**					
3. Ang t-score	.577**	.694**				
4. PTS Int t-score	.701*	.819*	.635*			
5. PTS Av t-score	.676**	.702**	.648**	.810**		
6. PTS Ar t-score	.757**	.792**	.751**	.816**	.767**	
7. Reading Scale Score	-.528**	-.557**	-.536**	-.601**	-.608**	-.618**

Note. Anx t-score = Anxiety t-score; Dep t-score = Depression t-score; Ang t-score = Anger t-score; PTS Int t-score = Posttraumatic Stress Intrusion t-score; PTS Av t-score = Posttraumatic Avoidance t-score; PTS Ar t-score = Posttraumatic Arousal t--score

** $p = <.01$; *** $p = <.03$

Table 2

Means and Standard Deviations for TSCYC Scales

Measure	Non-Clinical		Clinical	
	M	SD	M	SD
Anx <i>t</i> -score	47.03	7.006	63.83	9.818
Dep <i>t</i> -score	45.05	6.566	67.88	13.512
Ang <i>t</i> -score	46.65	6.767	66.31	13.371
PTS Int <i>t</i> -score	51.05	6.178	73.85	14.881
PTS Av <i>t</i> -score	52.70	5.280	79.58	13.131
PTS Ar <i>t</i> -score	45.70	7.055	74.65	9.002

Note. *Anx t-score* = *Anxiety t-score*; *Dep t-score* = *Depression t-score*; *Ang t-score* = *Anger t-score*; *PTS Int t-score* = *Posttraumatic Symptom Intrusion t-score*; *PTS Av t-score* = *Posttraumatic Avoidance t-score*; *PTS Ar t-score* = *Posttraumatic Arousal t-score*

Cronbach's alphas for the current study indicated that the TSCYC scales were highly reliable with the exception of Anxiety which was moderate but acceptable (see Table 3).

Table 3

Coefficient Alphas of TSCYC Scales

Scale	Cronbach's Alpha
Anxiety	.76
Depression	.89
Anger/Aggression	.91
PTS-Intrusion	.85
PTS-Avoidance	.88
PTS-Arousal	.90

Note. Total number of items per scale $N = 9$

Demographic Variables

The demographic information in Table 4 presents information on the two schools included in the study. These data include the demographic variables relating to the ethnicity of the student population of the school district. Table 5 presents the percentage of total African American, Hispanic, Caucasian, or Other students in the participating schools.

Table 4

School Districts' Enrollment by Ethnicity, 2017-18

	Percentages
African American	23.1
Hispanic	72.9
Caucasian	1.9
Other	<.01

Note. 86.19% of the total enrollment qualified for the federal free and reduced lunch Program; **Total Population $N = 67,331$

Table 5

Number of Participating Males for each School, 2017-2018

	Total Fourth Grade Male Enrollment	Eligible AA Male Students
School 1	97	80
School 2	89	69
Total	186	149

Note. AA=African American

Eligible AA Male Students includes retained third grade AA males

Research Questions

Question 1: Do posttraumatic stress symptoms (intrusion, avoidance, and arousal) predict third grade reading achievement among African American males?

Subgroup A – Non-clinical group

Subgroup B – Clinical group

Hypothesis 1: The posttraumatic stress variables (posttraumatic intrusion, posttraumatic avoidance, and posttraumatic arousal) will significantly predict third grade reading scale scores among African American males for both the non-clinical and clinical groups.

The TSCYC was administered to parents to measure the posttraumatic and trauma-related symptomatology of their retained third grade and current fourth grade African American male children. Reading scale scores from the STAAR assessment were used as a measure of the reading achievement of the same male children.

SPSS Version 22.0 was used to analyze the data. Four multiple regression analyses were conducted, with two for the non-clinical group and two for the clinical group. For each group, the criteria variable for each analysis was the STAAR reading

scale scores, while the predictor variables for one set of analyses was the three posttraumatic stress variables (i.e., intrusion, avoidance, and arousal) and the three posttraumatic stress-related variables (i.e., anger, depression, and anxiety) for the second set of analyses.

The first regression analysis was conducted for posttraumatic stress symptoms (posttraumatic intrusion, posttraumatic avoidance, and posttraumatic arousal) in the non-clinical group to address subgroup A of the first research question. The posttraumatic symptom scales significantly predicted reading scale scores, $r^2 = .24$, $F(3, 33) = 3.444$, $p < .03$, indicating that 24% of the variance of the reading scale scores was explained by the combination of the three predictors (see Table 6). The intrusion score contributed most to the prediction ($sr^2 = .15$) indicating that less intrusion is associated with higher reading scores.

The second regression analysis was conducted for the same posttraumatic symptoms in the clinical group to address subgroup B of the first research question. In the second regression analysis with the same predictors in the clinical group, there were notable results. Statistically, the overall model was not significant ($r^2 = .13$, $F(3, 44) = 2.26$, $p < .09$); however, results produced a medium effect size, indicating that 13% of the variance of the reading scale scores was explained by the combination of the predictors. A medium effect size is associated with a noteworthy relationship (e.g., Cohen's f^2 ; Cohen, 1988). The first hypothesis was supported by the results of subgroup A and partially supported by results of subgroup B.

Question 2: Do trauma-related symptoms (anxiety, depression, and anger/aggression) predict third grade reading achievement of African American males?

Subgroup A – Non-clinical group

Subgroup B – Clinical group

Hypothesis 2: Trauma-related symptoms (anxiety, depression, anger/aggression) will significantly predict third grade reading achievement of African American males for both the non-clinical and clinical groups.

The next two multiple regression analyses were conducted for the trauma-related symptoms (anxiety, depression, anger/aggression) in non-clinical and clinical groups to address the second hypothesis. In the first regression analysis, results for the trauma-related symptoms non-clinical group indicated that the overall model was statistically significant, $r^2 = .28$, $F(3, 33) = 4.311$, $p < .01$, where 28% of the variance of the reading scale scores was explained by the combination of the predictors. Even though no single scale was significant, all three predictor's β weights were negative, suggesting that lower trauma-related scores predicted higher reading scale scores (see Table 6). The anger/aggression score contributed most to the prediction ($sr^2 = .07$) indicating that less anger/aggression is associated with higher reading scores. The second hypothesis was supported by the non-clinical subgroup A results.

The final regression analysis with the same predictors as the clinical group, did not produce a significant effect on the reading scores nor a notable effect size, $r^2 = .013$, $F(3, 44) = .186$, $p < .9$. The second hypothesis was not supported by subgroup B results. A summary of the regression models is presented in Table 6.

Table 6

Standard Multiple Regression Using Non-Clinical and Clinical Posttraumatic Symptom and Trauma-Related Variables to Predict Reading Scale Scores

Variable	<i>B</i>	<i>B</i>	<i>sr</i> ²	<i>R</i> ²
Criterion variable: Reading Scale Scores				
Non-Clinical PTS Predictors				
				.24
PTS Int <i>t</i> -score	-9.759	-.483*	.15	
PTS Av <i>t</i> -score	5.254	.222	.04	
PTS Ar <i>t</i> -score	-2.825	-.160	.02	
Clinical PTS Predictors				
				.13
PTS Int <i>t</i> -score	-1.644	-.238	.02	
PTS Av <i>t</i> -score	-1.779	-.227	.03	
PTS Ar <i>t</i> -score	1.359	.119	.01	
Non-Clinical Trauma-Related Predictors				
				.28
Anx <i>t</i> -score	-.888	-.050	.00	
Dep <i>t</i> -score	-3.429	-.180	.01	
Ang <i>t</i> -score	-6.565	-.356**	.07	
Clinical Trauma-Related Predictors				
				.01
Anx <i>t</i> -score	.190	.018	.00	
Dep <i>t</i> -score	-.662	-.087	.01	
Ang <i>t</i> -score	-.423	-.055	.00	

Note. Anx *t*-score = Anxiety *t*-score; Dep *t*-score = Depression *t*-score; Ang *t*-score = Anger *t*-score; PTS Int *t*-score = Posttraumatic Symptom Intrusion *t*-score; PTS Av *t*-score = Posttraumatic Avoidance *t*-score; PTS Ar *t*-score = Posttraumatic Arousal *t*-score

* $p < .03$; ** $p < .01$

Validity was tested to measure the underreported and overreported responses from parents on the TSCYC. Using a *t*-score of 65 and above as an indicator of under- or over-reporting, neither group displayed clinical levels of under- or over-reporting (see Table 7).

Table 7

Validity Scale Means of Under- and Over-Reported t-scores

	Means	
	Under Reported	Over Reported
*Non-Clinical <i>t</i> -score	61	50
*Clinical T-score	47	55

*Note. * Means of t-scores are reported.*

Summary

This chapter included an introduction regarding the analysis and statistical tests that were to be discussed and in such an order that they would be addressed. The results of the multiple regression analyses indicated the differences among the variables in their predictability of third grade reading scale scores of African American males. The first hypothesis was supported for subgroup A and partially supported subgroup B with posttraumatic intrusion in the non-clinical group making the greatest contribution to predicting the reading scores. The second hypothesis was supported by subgroup A results but not subgroup B with anger in the non-clinical group making the greatest contribution to predicting the reading scores.

CHAPTER V

Discussion

Chapter 1 introduced the study by presenting background information, statement of the problem, purpose of the study, significance of the study, definition of terms, theoretical framework, research questions, limitations, delimitations, and assumptions of the study. Chapter 2 presented a review of literature and research related to the prevalence of posttraumatic and trauma-related symptoms in the African American population, specifically among young African American males. Chapter 3 explicated the methodology and procedures used in the study, including a description of the population, instruments used, data collection, and data analyses. Chapter 4 contains the results of the analyses. Finally, this chapter will conclude with a summary of the study and findings, a discussion, conclusions drawn from the findings, and recommendations for further research.

Purpose of the Study

The main purpose of this study was to examine the degree to which posttraumatic stress symptoms and related symptoms predicted third grade reading scores of African American males from standardized tests. Further, this study aimed to establish a foundation for future research on this population as it relates to mental health intervention for developmental and transgenerational trauma, academic success, and school-based counseling programs. Developmental and transgenerational trauma has been reported to impart great psychological stress and dysfunction in children that transcends throughout generations (Kirmayer et al., 2014; Lang & Gartstein, 2018). As it pertains specifically to African American males, posttraumatic slave syndrome may negatively impact their

psychological (DeGruy, 2005), behavioral (Lang & Gartstein, 2018); and academic trajectories (Hernandez, 2011).

Results of this study are of particular importance for future research and policy regarding minority populations, counselor education curriculum, and school counseling programs. African American children in the United States experience more trauma than other children in the United States (NCTSN, 2017). Results of the current study indicated several significant and notable relationships.

Hypothesis for Posttraumatic Stress Symptoms

With respect to the first hypothesis, overall, results for the non-clinical group indicated that posttraumatic stress symptoms significantly predicted reading scale scores, with the intrusion scale making the greatest contribution. In particular, lower intrusive traumatic thoughts were associated with higher reading scale scores. With respect to intrusion, van der Kolk (2014) postulated that posttraumatic intrusion causes individuals to become overwhelmed with thoughts and intense emotional states. Children often become upset when they struggle to control their traumatic thoughts. This is similar to a previous study where Sprung (2008) found that intrusion has a negative impact on children's attention and information processing speed, and in turn, negatively affects their reading abilities. In fact, in my study, it was the non-clinical group, much more than the clinical group, that provided strong support for the importance of reducing trauma symptoms to maximize reading ability.

Further, the result of my study suggests that a lower level of intrusion may positively impact cognitive abilities, increasing attention span, and increasing information processing to enhance reading skills (Sprung, 2008). Conversely, it is possible that if a third grade African American male is experiencing intrusive thoughts due to trauma, he may be less successful on the reading assessment of the state mandated STAAR test.

The clinical group produced a medium effect size, indicating an overall notable relationship between the combined traumatic stress-related variables and the reading scores. Further, there was no significant single predictor variable for the clinical group. A medium effect size is useful in examining the variance accounted for in the sample. Given a sufficiently large sample, statistical significance is almost always demonstrated (Sullivan & Feinn, 2012). This pattern was borne in the clinical sample, for as more participants were added to the clinical group, the p value improved incrementally. Since the effect size is more independent of the sample size than statistical significance, and a better indicator of the strength of the relationship between variables (Sullivan & Feinn, 2012), the medium effect size indicates a moderately strong relationship between the traumatic stress-related variables and the reading scale scores. There was a consistent pattern of lower posttraumatic stress symptoms associated with higher reading scores. However, this result was not as robust as the non-clinical sample that produced a large effect size.

It was not immediately clear why the non-clinical group results were more robust than the clinical group. Therefore, the validity scores for each group were examined to investigate the different group results. Neither the clinical nor the nonclinical group

reached clinical levels (> 65) for either over- or underreporting responses, thus, providing greater confidence in the validity of all participants' responses. To that end, the most obvious and cogent possibility is that both groups represent two different subgroups within the same community. Further, it is possible that the nonclinical group of students and their caregivers may possess more effective coping skills than the clinical group.

Hypothesis for Posttraumatic Stress-Related Symptoms

With respect to the second research question, the combination of traumatic stress-related symptomatology (i.e., anxiety, depression, and anger/aggression) significantly predicted reading scores in the non-clinical group. As with the first research question and the non-clinical group, this second analysis produced a large effect size. Of the three predictors, lower anger/aggression made the greatest contribution to the model, predicting increasing reading scale scores. The clinical group did not produce the significant result that was anticipated.

Understanding that there was no significant under- or over-reporting among the groups, the findings once again lead to the possibility that both groups of students and caregivers may respond to trauma exposure differently, and/or had different degrees of exposure to traumatic experiences. Similar to the explanation above regarding the first hypothesis, the clinical group may not have the same level of coping skills as the non-clinical group in responding to traumatic environments. Further, the two groups may have had different degrees of exposure to traumatic experiences. However, the data does not address these possibilities.

The current study is similar to a previous study in that they both examine the impact of trauma on academic performance of African Americans (Walker, 2015); however, there are distinct dissimilarities as well. The findings from the current study differ from findings from the aforementioned study in three ways 1) Walker's sample consisted of male and female participants and 2) they attended a university. Further, Walker's study focused on the overall academic performance, not a specific academic area. The possible variances of gender, years of trauma exposure, and educational level may yield different results than the current study of third grade males. Given that the participants were older and from various backgrounds, the possible differences in their experiences could be attributed to socioeconomic, social and political differences within the African American communities. Moreover, the participants self-reported using the Trauma History Questionnaire (THQ).

The current study is also similar to a study conducted by Goodman et al. (2012) in that both studies examine traumatic stress and the academic achievement of young children; however, the previous study includes socioeconomic status as a predictor of fifth grade academic achievement and does not specify African American males. Preexisting data were used.

Additionally, the current study is similar to a third study by Ingram (2013) in that the researcher focused on the relationships between community violence and academic achievement of African American elementary students and to determine if community violence had a stronger impact on academic achievement than poverty. Archival data were used. All three previous studies indicated that low traumatic stress predict higher academic achievement.

The results of this current study provide a significant contribution to literature beyond the existing research by concentrating on the impact of trauma exposure and symptomatology on the reading achievement of an underserved population at a critical point in their course of academic development. Considering that third grade marks the onset of the academic gap between African American students and their counterparts (Hernandez, 2011) and trauma symptoms mitigate the continuance of lifelong difficulties, this study sheds light upon the need for more mental health intervention for young African American males.

Limitations

There are several aspects that may limit the generalizability of the study. The modest sample size may have inadequate power to find a significant difference that is present, especially for the clinical group. It is plausible that the limited participation can be attributed to African American parents and caregivers not understanding the concept of research and being fearful of further consequences. It is also possible that parents in this population work outside of the home more and were unable to schedule time to participate in the study. It is also possible that social desirability played a part in participant responses. Results from numerous studies have indicated that socially desirable responding (SDR) influenced the results on given questionnaires (Holden & Book, 2012; Lambert, Arbuckle, & Holden, 2016; & van de Mortel, 2008). One researcher stated that participants reported responses that would be socially acceptable, even when their identities and responses were anonymous (van de Mortel, 2008). In that same vein, it is possible that parents in this current study reported their child(ren)'s symptoms in a manner to avoid further stigmatization and to conform to what they

perceive as the norm or acceptable behavior. Also, there may be participation bias as participants may have interpreted the checklist questions differently than other responders. Finally, the current research results must be interpreted and applied with caution since the sample size was modest ($n=85$).

Implications and Recommendations

Researchers have maintained the importance of qualified counselors and other professionals working with traumatized populations (Fitzgerald, 2013; Grubbs, 2015). To that end, working with children with traumatic stress exposure should be incorporated into graduate school counseling program curricula in an effort to better prepare school counselors to work with this population. In addition to course work on trauma, it would behoove school counselors in training to experience working with children with traumatic stress exposure during an internship under supervision (Berger & Quiros, 2014). There should also be a required amount of trauma training each year to renew their professional school counseling certification.

Drawing upon developmental and transgenerational trauma and their ongoing consequences (Schimmenti & Caretti, 2016; van der Kolk, 2005) on future African American families and children (DeGruy, 2005; Graff, 2014), future research is necessary to develop a finer grain knowledge of the impact of traumatic stress on this population. A number of historical events have occurred in the United States that have had and continue to have a negative impact on African Americans in our society (Coleman, 2016). Additionally, it is important to understand not only the residual consequences of developmental and transgenerational trauma, but also to develop an awareness of the deeply embedded problem that may inhibit the success of many African Americans,

specifically young males. Coupled with complex trauma and adverse childhood experiences, children who experience more posttraumatic intrusion and anger/aggression are likely more prone to become angry and frustrated, leaving them in a troubled position where they may be unable to control their thoughts, feelings, and behavior (Sprung, 2008; van der Kolk, 2014).

Considering the non-clinical group and other similar young African American males who do not exhibit traumatic stress symptoms, they may benefit from preventative programs (e.g., social emotional learning programs, trauma-informed care, and parent training programs) that teach healthy coping skills to address exposure to traumatic stress (Goodman et al., 2012). More specifically to the results of the present study, school counselors could address posttraumatic stress intrusion and anger/aggression to provide students with the skills needed to self-regulate their emotions and express their feelings. Providing children with a safe space in classrooms and offering a genuine and supportive relationship with children could impart a healthy relationship with traumatized students.

Historically, African Americans have faced many challenging obstacles to overcome in order to succeed. Some researchers have argued that African Americans have the ability to persist and overcome barriers despite the opposition (Dweck, 2006). Possible religious service attendance, having a sense of purpose in life, a sense of master, and social support could also play a role in the group's ability to become more resilient and overcome adverse situations (Doucette, Mellman, Lawson, & Charney, 2008).

Counselor educators should incorporate trauma counseling training into their graduate counseling curricula. Cultural sensitivity is crucial to the educational and mental success of the African American male child. Given this circumstance, it would be

very beneficial for educators to be trained on trauma-related techniques in working with children. More and more schools are limiting recess and physical activity for children. According to Bessel van der Kolk (2014), school counselors' lack of training in working with children who have experienced trauma is more damaging to children's treatment. Other traditions around the globe focus on other methods of therapies instead of relying on drugs.

Since the impact of trauma symptoms may be reverse in some cases (Perry, 2004), van der Kolk (2014) suggested that more focus should be placed on the cultivation of purposeful movement and becoming centered in the present, abilities that are damaged in traumatized children. In doing so, children would engage in more movement in school, generating more positive brain activity. Music and physical movement is a cultural and beneficial intervention with African American males (Gladding, 2016). Children's primary language is play so it is understandable to provide them the opportunity to socialize freely among one another to allow them to become more centered in the present. Under his subtitle in chapter 14, of *The Body Keeps the Score*, "Art, Music, and Dance" van der Kolk (2014) suggested that fine arts and physical movement for at least 10 minutes a day may bypass the speechlessness that comes with trauma and allow children to express themselves through expressive body movements. This rhythmic intervention would also begin assisting the brain in restructuring itself to build stronger cognitions.

Given the disparaging consequences of unattended intrusion and anger symptoms, these results support the need for counseling association boards to reevaluate the responsibilities of school counselors to ensure they are available to work with students in lieu of consuming time with ambiguous administrative duties that will likely forfeit time from those students with non-clinical posttraumatic and trauma-related symptoms. Finally, clinicians, administrators, and school counselors should be cognizant of the effects of developmental and transgenerational trauma. In turn, they should be trained to have a more clinical skillset to recognize trauma symptomatology in children.

Finally, future research should include an expanded sample size to offer a more solid contribution to the body of knowledge regarding the effects of the various types of trauma, including the effects of transgenerational trauma on the reading achievement of African American children. Moreover, a longitudinal study would be most beneficial to track student success and outcomes. It is likely that a more formal study including treatment would indicate more specific outcomes in the reading achievement and how clinical treatment may help in improving reading achievement. It is also worth noting and investigating the sources of resiliency that drives certain children to thrive and cope better than others.

Conclusion

Please note that given the small sample size and the demographic composition of the sample, these results do not offer an exhaustive explanation for the relationship between posttraumatic stress symptoms and the third grade reading achievement of African American males. The results partially supported both hypotheses for this study.

Only the non-clinical group reported clearly significant relationships between posttraumatic stress symptoms and posttraumatic stress related symptoms and reading scores; although the clinical group did report results that produced medium effects between posttraumatic stress symptoms and reading scores.

These data establish a baseline for further research to focus on the mental health of young African American male students. Therefore, greater attention must be directed to acknowledging posttraumatic and trauma-related symptoms as a possible root cause of some cases of unfavorable classroom behavior. It can be concluded from the current research that there is a negative relationship between posttraumatic and trauma-related symptoms, specifically non-clinical intrusion and anger/aggression, on the reading achievement of this population possibly accounting for some of the academic achievement gap. By paying more attention to the source of the problem, referring to outside mental health care, and intervening with trauma treatment, school counselors could help to mitigate further adverse outcomes in cognition and academic success.

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APPENDIX A



Institutional Review Board
Office of Research and Sponsored Programs
 1831 University Ave, Suite 303, Huntsville, TX 77341-2448
 Phone: 936.294.4875
 Fax: 936.294.3622
irb@shsu.edu
<http://www.shsu.edu/dept/office-of-research-and-sponsored-programs/compliance/irb/>

DATE: April 3, 2018

TO: Angela Powell [Faculty Sponsor: Dr. David Lawson]

FROM: Sam Houston State University (SHSU) IRB

PROTOCOL #: 2018-02-38909

PROJECT TITLE: *The Relationship between Posttraumatic Symptoms and the Reading Scores on Standardized Tests of Third Grade African American Male Students[T/D]*

SUBMISSION TYPE: INITIAL REVIEW—RESPONSE TO MODIFICATIONS

ACTION: APPROVED

APPROVAL DATE: April 2, 2018

EXPIRATION DATE: **April 2, 2019**

REVIEW TYPE: EXPEDITED

REVIEW CATEGORIES: 7

The Sam Houston State University (SHSU) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received **Expedited** Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the consent document.

Please note that this committee must approve any revision to previously approved materials prior to initiation. Please use the appropriate revision forms for this procedure, which are found on the Application Page to the SHSU IRB website.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All Department of Health and Human Services and sponsor reporting requirements should also be followed.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records



Institutional Review Board
Office of Research and Sponsored Programs
1831 University Ave, Suite 303, Huntsville, TX 77341-2448
Phone: 936.294.4875
Fax: 936.294.3622
irb@shsu.edu
<http://www.shsu.edu/dept/office-of-research-and-sponsored-programs/compliance/irb/>

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. **Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 2, 2019. When you have completed the project, a Final Report must be submitted to ORSP in order to close the project file.**

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,

Donna Desforges
IRB Chair, PHSC
PHSC-IRB

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records

APPENDIX B



Sam Houston State University
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM
DEPARTMENT OF COUNSELOR EDUCATION



Quantitative Research
Cover Letter

My name is Angela Powell and I am a doctoral student in the Department of Counselor Education at Sam Houston State University and the school counselor at Francis Elementary School. The title of my research is *The Relationship Between Posttraumatic Symptoms and the Reading Scores on Standardized Tests of Third Grade African American Male Students*. this research is being conducted in partial fulfillment of the requirements for a PhD degree in Counselor Education. I am supervised by Dr. David Lawson.

The purpose of this study is to examine what possible effects that adverse childhood experiences may have on third grade African American boys' reading achievement. For the purpose of my study, I am in search of parents of retained third grade and/or current fourth grade African American males at [REDACTED] Elementary and [REDACTED] Academy in [REDACTED] ISD. If you meet these criteria, I am requesting your participation in this study.

If you choose to participate, your identity and responses will be kept anonymous. Upon agreeing to participate in the study, you will be asked to complete 1) a demographic questionnaire consisting of a short series of questions about your background, and 2) a 90-question checklist on behalf of your child. In total, I am asking for approximately 20-30 minutes to complete. You are not obligated to answer every question and you may stop at any time. All data will be kept confidential. Once the data are complete, I will assign each participant a code number in lieu of their name. I will be the only one with access to the original code key and it will be password protected on my laptop computer. Additionally, the laptop computer is stored in a locked file cabinet within a locked office to prevent access by unauthorized personnel. The original key will be destroyed once the data has been analyzed. Any data that are published will not include any specific information that would make it possible to identify the school, you, or your child. this is a voluntary effort and you may withdraw from the research process at any time without any consequences for you or your child from Sam Houston State University.

If you agree to participate, please contact me at amp098@shsu.edu or Dr. David Lawson at (936) 294-2529 or dxl028@shsu.edu.

Angela M. Powell, MA, LPC-S, CSC
Doctoral Student
Sam Houston State University
Department of Counselor Education

APPENDIX C



Sam Houston State University
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM
 DEPARTMENT OF COUNSELOR EDUCATION



Sam Houston State University

Consent for Participation in Research

The Relationship Between Adverse Childhood Experiences and the Reading Scores on Standardized Tests of Third Grade African American Male Students

Why am I being asked?

You are being asked to be a participant in a research study to examine the possible effects that posttraumatic symptoms have on third grade African American males' reading achievement. The study will be conducted by Angela Powell, a doctoral student in the Department of Counselor Education at Sam Houston State University and the school counselor at [REDACTED] Elementary School. The research is being conducted under the direction of Dr. David Lawson. You have been asked to participate in the research because you are the parent of a retained third grade or current fourth grade African American male at either [REDACTED] Elementary School or [REDACTED] Academy in [REDACTED] School District and may be eligible to participate. Please read this form completely and ask any questions you may have before agreeing to participate in the research.

Your participation in this research is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with Sam Houston State University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Why is this research being done?

It has been documented that African American males often struggle academically. Some research suggests that trauma may have the potential to negatively affect the developing mind of a child. Examples may include exposure to domestic or community violence, and/or having separated or divorced parents, etc. I am interested in examining the effects of posttraumatic symptoms on reading proficiency of third grade African American males. This study is important because low reading proficiency may place them at an increased disadvantage for future success in life. This study will better inform educators about what symptoms to target in making adjustments to instruction and implementation of appropriate trauma-informed instruction, such as trauma training for school counselors-in-training and trauma-informed school programs to reduce the negative effects of adverse childhood experiences on the reading performance of young African American male students.

What is the purpose of this research?

The purpose of this research is to examine the relationship between exposure to posttraumatic symptoms and the reading scores on standardized tests of African American third grade males.

APPENDIX C. Approved Consent Form

What procedures are involved?

If you agree to be in this research, we would ask you to do the following things:

- Read and agree to the terms of the study by signing the consent form.
- Meet Angela Powell at an agreed time and location where you will complete a 1) demographic questionnaire, and a 2) 90 – question Trauma Symptom Checklist for Young Children (TSCYC).
- Angela Powell will access your child's State of Texas Assessments of Academic Readiness (STAAR) reading scores from the [REDACTED] ISD database where assessments are stored electronically.

The demographic questionnaire will include questions about the relationship of the caregiver to the child, gender of the caregiver, age of the caregiver, race/ethnicity of the caregiver if not African American, and the age of the child.

The Trauma Symptom Checklist for Young Children categorizes your child's perceived behaviors and symptoms into categories such as anxiety, depression, anger, aggression, arousal, and avoidance. This information will be analyzed along with your child's reading results from the STAAR exam. This evidence will help the researcher to find out if those symptoms affect your child's reading.

Only Angela Powell will have access to the data from the participants from data collection to data completion. This information will be used for the sole purpose of completing the research. Your personal information, such as your name, your child's name, and/or name of the school will not be disclosed in the study. Your responses from the demographic questionnaire and checklist will be coded by a randomly assigned number. Your child's STAAR exam reading scores will be assigned the same code. After coding, names will not be used in the study. After all responses have been paired with the matching STAAR exam reading scores, no identifying information will be used. I will be only one with access to the original code key and it will be password protected on my laptop computer. When not in use, the laptop computer will be stored in a locked file cabinet within the researcher's locked office. Data will be shredded after it has been analyzed by Angela Powell.

Regarding school counseling at [REDACTED] Elementary: as the school counselor, the researcher may have contact with your child but any communication will not be related to the study. Regarding students at [REDACTED] Academy, the researcher will not have any contact with your child. Your child will not be contacted or interviewed in any way for the purposes of this study. Upon completion of the study and analysis, all data will be destroyed. Your child will not be contacted or interviewed in any way for the purposes of this study. Upon completion of the study and analysis, all data will be destroyed.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your (or your child's) identity. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

What if I am sensitive to some questions in the research?

Although you may find some of the questions embarrassing or briefly upsetting, there are no foreseen long-term risks to you related to your participation in this research. Some of the questions in this research may cause you to recall unpleasant or emotionally upsetting experiences. If you feel you need to speak with a professional counselor about these memories or your response to them, you may contact the Sam Houston State University Community Counseling Clinic at (936) 202-5012 for help. This is a free counseling clinic open to the public.

What are the costs for participating in this research?

There are no additional research costs associated with this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

As a volunteer participant, you will be responsible for any travel fees, parking, and any related fees in meeting with the researcher for the interview. There will be no reimbursements for your participation. Each participant's name will be entered into a drawing for a \$25 gift card for participating.

Can I withdraw or be removed from the research?

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if you appear to become distressed or uncomfortable with the study or any questions on the questionnaire and/or checklist.

Who should I contact if I have questions?

The researcher conducting this study is Angela Powell. You may ask any questions you have now. If you have questions later, you may contact the researcher at: amp098@shsu.edu or her advisor, Dr. David Lawson at [\(936\) 294-2529](tel:936-294-2529) or dxl028@shsu.edu.

What are my rights as a research subject?

If you believe that you have not been treated according to the descriptions in this form, or you have any questions about your rights as a research participant, you may call the Office of Research and Sponsored Programs – Sharla Miles at (936) 294 – 4875 or e-mail ORSP at sharla_miles@shsu.edu.

Participation in this study is entirely voluntary. You may choose not to participate or to stop your participation at any time. Your decision whether or not to participate will not affect your current or future relations with Sam Houston State University.

Agreement to Participate

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research.

Consent: I have read and understand the above information, and I willingly consent to participate in this research. I understand that if I should have any questions about my rights as a research participant, I can contact Angela Powell by email at amp098@shsu.edu or Dr. David Lawson at [\(936\) 294-2529](tel:936-294-2529) or dxl028@shsu.edu. I have received a copy of this consent form.

Your name (printed): _____

Signature: _____ Date: _____

APPENDIX D**DEMOGRAPHIC QUESTIONNAIRE****Identifying #:** _____**Child's Ethnicity:** _____**Child's Age:** _____**Child's Grade:** _____**Caregiver's Ethnicity:** _____**Caregiver's Age:** _____**Caregiver's Relationship to child:** _____

APPENDIX E

Re: Permission to use Transgenerational Transmission of
Historical Trauma diagram

Laurence Kirmayer, Dr. <laurence.kirmayer@mcgill.ca>

Tue 11/13/2018 6:48 PM

To: Powell, Angela <amp098@SHSU.EDU>

Dear Angela,

It is not a problem to reproduce it with proper attribution.

Best,

Laurence

Laurence J. Kirmayer, MD, FRCPC, FCAHS, FRSC

James McGill Professor & Director
Division of Social & Transcultural Psychiatry
McGill University

Editor-in-Chief, Transcultural Psychiatry

1033 Pine Ave West
Montreal, Quebec H3A 1A1

Tel: 514-398-7302
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Director
Culture & Mental Health Research Unit
Institute of Community & Family Psychiatry
Jewish General Hospital
4333 Cote Ste Catherine Rd.
Montreal, Quebec H3T 1E4

Tel: 514-340-7549

Fax: 514-340-7503

E-mail: laurence.kirmayer@mcgill.ca

URL: www.mcgill.ca/tcpsych

Powell, Angela <amp098@SHSU.EDU>

Tue 11/13/2018 6:35 PM

Dr. Kirmayer,

My name is Angela Powell and I am a current doctoral candidate at Sam Houston State University. I read your article Rethinking Historical Trauma (2014) and would like to use the transgenerational transmission of historical trauma diagram on page 309 in my dissertation. I will not alter the diagram in any way as it justly provides more detailed insight of my theoretical framework to support my study.

I would deeply appreciate your permission to include the diagram in my dissertation. Please let me know if this is feasible and if you need any additional information.

Sincerely,

Angela Powell

Angela M. Powell, MA, LPC-S, CSC
Doctoral Candidate
Department of Counselor Education
Sam Houston State University | Huntsville, TX 77341
amp098@shsu.edu

VITA

ANGELA M. POWELL, MA, LPC-S, CSC

EDUCATION

Ph.D. Counselor Education (Doctoral Student)

CACREP Accredited

Anticipated graduation 2018

Sam Houston State University, Huntsville, Texas

2005 M.A. Counseling

Prairie View A&M University/The Texas A&M University System

Prairie View, Texas

2001 B.S. Psychology

Magna Cum Laude

University of Houston – Downtown

Houston, Texas

AREAS OF EXPERTISE/INTEREST

- Child/Adolescent Trauma
- Multiculturalism
- Play Therapy
- School Counseling
- TF-CBT
- Veterans

LICENSURE / CERTIFICATIONS

(State of Texas)

Licensed Professional Counselor – Supervisor, #63046

Certified Anger Resolution Therapist

Trauma Informed Care Specialist

Certified School Counselor (EC-12)

Standard Teaching Certificate (Generalist 4-8)

PROFESSIONAL EXPERIENCE

Teaching Experience

June 2017-August 2017

Co-Teaching

COUN 5088 Advanced Studies in Traumatic Stress
Sam Houston State University, Department of
Counselor Education

Instructor: Dr. David Lawson

- BlackBoard experience

October 26, 2016

Invited Guest Lectures

COUN 5364 Counseling Theories
Sam Houston State University, Department of
Counselor Education
Instructor: Dr. Yvonne Garza-Chaves
*Rational Emotive Behavior Therapy (REBT) lecture
and activity*

July 21, 2016

COUN 3321 Intro to the Helping
Relationship
Sam Houston State University, Department of
Counselor Education
Instructor: Naomi Timm

July 19, 2016

Co-Teaching

COUN 5392 Cross Cultural Issues in Counseling
Sam Houston State University, Department of
Counselor Education
Instructor: Dr. J. Butler
*Multicultural lecture and activity: Stereotypes and
Generalizations*

August 2014-June 2016

Adjunct Lecturer

Department of Social Sciences
University of Houston – Downtown, Houston,
Texas
• PSY 3306 Clinical Psychology
• PSY 3306 Clinical Psychology (Online)
 ○ BlackBoard experience

August 2002-August 2005

Classroom Teacher, Northwest Intermediate School
Aldine Independent School District
Houston, Texas

Clinical/Counseling Experience

August 2005 – Present

School Counselor, Francis Elementary School
Aldine Independent School District
Houston, TX

February 2012 – Present

Director of Counseling Ministry
Abundant Faith Christian Center
Humble, TX

- February 2012 – Present **Director of Children’s Ministry**
Abundant Faith Christian Center
Humble, TX
- June 2009 – August 2009 **Summer Camp Program Counselor**
Aldine Y.O.U.T.H. Center
Houston, TX
- April 2009 – September 2015 **Therapist**, Unity Children’s Home
Spring, TX
- December 2008 – September 2015 Private Practice
- June 2008 – August 2008 **Summer Camp Program Counselor**
Aldine Y.O.U.T.H. Center
Houston, TX
- Summer/Fall 2005 **Inwood North Community Outreach Program
Counselor**
Houston, TX
- Fall 2001 **Intern**, Houston Police Department Juvenile Division
Houston, TX

GRANTS

2017 American Counseling Association Foundation (ACAF) Grant. *Calming Centers for Classrooms: A Trauma Informed School Intervention*. Project funded for \$500.
Principal investigator.

2016 Jamesanna Kirven Educational Endowment Fund Grant, TCA, (\$500)

SUBMITTED GRANT PROPOSALS

2016 Innovative Teaching Grant, Aldine ISD, (\$5,000). *Calming Centers for Classrooms: A Trauma Informed School Intervention*.

HONORS AND AWARDS

- 2018 Hogg Foundation Frances Fowler Wallace Memorial Award for Mental Health Dissertation Research, \$1,500.00.
- 2016 Texas Counseling Association (TCA) Outstanding Graduate Student Award
- 2016 Honorable Mention Poster Presentation, TACES
- 2015 Molly Gerold Scholarship, Texas School Counselor Association (TSCA)
- 2015, 2016, 2017 Department of Counselor Education Scholarship, Sam Houston State University
- 2010-2011 Aldine Independent School District Extra Miler Award

HONOR SOCIETIES

- 2005-Present Chi Sigma Iota International Honor Society
- 1999-Present Psi Chi International Honor Society

PUBLICATIONS

Book

- Combs, S., **Powell, A. M.** (in progress), *Recycling the bully*.

Book Chapter

- Powell, A. M.** (2017). Cultural bias, self-identity, and self-efficacy. In K. Jones, & J. Mixon (Eds.), *Intercultural Responsiveness in the Second Language Learning Classroom* (pp. 51-61). Hershey, PA: IGI Global.
doi:10.4018/978-1-5225-2069-6.ch004

Refereed Publications

- Powell, A. M.** (2018). The miseducation of African American males: Fostering resiliency to promote academic success. *The Journal of the Texas Alliance of Black School Educators*, 3(1), 22-26.
- Ross, A. T. J., **Powell, A. M.**, & Henriksen, R. C., Jr. (2016). Self-identity: A key to Black student success. *In Ideas and research you can use: VISTAS 2016*. Retrieved from <http://www.counseling.org/knowledge-center/vistas>

Newsletter Publication

Smith, J. D., & **Powell, A. M.** (2016, September). Black lives matter: Counselors, advocacy, and social justice. *SACES Newsletter*, 12(2), 6-7.

Unpublished Manuscript

Powell, A. M. (2005). *The effects of socioeconomic status on academic achievement*. Unpublished manuscript, Department of Educational Leadership and Counseling, Prairie View A & M University, Prairie View, TX.

PRESENTATIONS

National

Powell, A. M., Smith, J. D., & Li, C. (2017, October). *War on diversity: An experiential approach to working with LGBTQ clients impacted by trauma*. Proposal submitted to present at the American Counselor Education & Supervision Conference (ACES), Chicago, IL (refereed)

Powell, A. M., Ross, A. T. J., & Smith, J. D. (2016, February). *Complex trauma: A hidden factor of reading deficiencies among young African American males*. Presented at the Research Association of Minority Professors (RAMP) 35th Annual Conference. Houston, TX. (refereed)

State

Powell, A. M. (2018, February). *When trauma comes to school: Are school counselors prepared to work with traumatized students?* Presented at the 13th annual Texas School Counselor Association (TSCA) Professional Conference, Galveston, TX. (refereed)

Powell, A. M. (2018, February). *Trauma and minority youth: The effects of post-traumatic symptoms on the academic success of young African American males*. Presented at the 13th annual Texas School Counselor Association (TSCA) Professional Conference, Galveston, TX. (refereed)

Smith, J. D., & **Powell, A. M.**, & Li, C. (2017, March). *We are Orlando: An experiential approach to healing in the aftermath of hate crimes and trauma*. Presented at the Mid-Winter Conference of the Texas Association for Counselor Education and Supervision (TACES), Austin, TX. (refereed)

Powell, A. M., & Henriksen, R. C., Jr. (2017, March). *Meeting the challenge: Are school counselors prepared to work with traumatized students?* Presented at the Mid-Winter Conference of the Texas Association for Counselor Education and Supervision (TACES), Austin, TX. (refereed)

Powell, A. M. (2016, November). *The impact of complex trauma on the reading performance on standardized tests of African American males.* Presented at the Texas Counseling Association's (TCA) 60th Annual Professional Growth Conference, Dallas, TX. (refereed)

Powell, A. M., & Smith, J. D. (2016, June). *Are all students equal? Examining the disproportionality and effects of out of school suspensions among African American male students.* Presented at the Texas Behavior Support State Conference, Houston, TX. (refereed)

Ross, A. T. J., **Powell, A. M., & Henriksen, R. C., Jr.** (2016, January). *Know thy self: Self-identity and the role it plays with African American students.* Poster session presented at the Mid-Winter Conference of the Texas Association for Counselor Education and Supervision (TACES), Austin, TX. (refereed)

Powell, A. M. (2015, November). *Realizing, recognizing, and responding: The three R's of treating childhood trauma.* Presented at the Texas Counseling Association's (TCA) 59th Annual Professional Growth Conference, Corpus Christi, TX. (refereed)

Powell, A. M. (2008, July). *Creating positive communication with parents.* Presented at the Texas Head Start Association Conference, Galveston, TX. (refereed)

Powell, A. M. (2008, July). *Managing angry emotions: Extinguishing anger at work.* Presented at the Texas Head Start Association Conference, Galveston, TX. (refereed)

Local

Powell, A. M. (2009, February). *Love u 2: A comprehensive relationship training workshop for teens.* Five-day workshop presented at the Aldine Y.O.U.T.H. Center, Houston, TX. (refereed)

INVITED WORKSHOPS/PRESENTATIONS

Powell, A. M., Parker, C., Turner, W. (2017, August). *Aldine ISD crisis response plan.* Presented at Aldine ISD Elementary and Intermediate School Counselors' District Staff Development. Aldine Independent School District, Houston, TX. (invited)

- Powell, A. M.** (2017, February). *Where do we go from here? Solution-focused brief counseling in schools.* Presented at Aldine ISD Elementary and Intermediate School Counselors' District Meeting. Aldine Independent School District, Houston, TX. (invited)
- Powell, A. M.** (2017, February). *Depression, anxiety, and ADHD: Shining a light on confusion.* Presented at Ross Sterling Middle School Parent University Conference. Humble Independent School District, Humble, TX. (invited)
- Powell, A. M.** (2017, February). *What can I do to help my child be successful in school?* Presented at Ross Sterling Middle School Parent University Conference. Humble Independent School District, Humble, TX. (invited)
- Powell, A. M.** (2017, February). *Assets: Parenting tips to help your child be successful in school.* Presented at Ross Sterling Middle School Parent University Conference. Humble Independent School District, Humble, TX. (invited)
- Powell, A. M.** (2016, February). *Trauma in schools: Brief interventions for school counselors.* Presented at Aldine ISD Elementary and Intermediate School Counselors' District Meeting. Aldine Independent School District, Houston, TX. (invited)
- Powell, A. M.** (2014, June). *Thank God I'm me! Loving the woman in the mirror.* Presented at the Abundant Faith Christian Center Sisters of Stature Women's Ministry Meeting, Humble, TX. (invited)

University Presentation

- Powell, A. M.** (2015, March). *Overcoming victimization: Treating childhood trauma.* Presented at Sam Houston State University Department of Counseling, Huntsville, TX.

SERVICE TO PROFESSION

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|------------|--|
| 2017-2019 | Texas Association for Multicultural Counseling and Development Secretary |
| 2016-2017 | TACES Accreditation Advocacy Committee |
| 2016-2017 | Texas Counseling Association (TCA) Graduate Student Interest Committee |
| 2016 | IGI Global Publishing (Book Chapter Reviewer) |
| 2016, 2017 | Texas Counseling Association (TCA) (Conference Proposal Reviewer) |
| 2015-2017 | Chi Sigma Iota, Beta Kappa Tau Workshop Committee |

Sam Houston State University Service

- July 2017- Present **Center for Research and Clinical Training in Trauma Group**,
Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Participate in regular group meetings to collaborate on recent research related to trauma.
 - Present recent and relevant research to research group
- January 2017-May 2017 **Course Development Asst.**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Assisted Dr. David Lawson in developing and preparing new Masters' level course.
COUN 5088 Advanced Studies in Traumatic Stress
- November 20, 2016 **Guest Facilitator**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Facilitated Doctoral level practice of supervision course discussion forum in developing marriage and family therapy supervision techniques (COUN 7335). Supervised by Dr. Chi-Sing Li.
 - BlackBoard Discussion Forum experience
- October 25, 2016 **Guest Facilitator**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Facilitated Masters' level pre-practicum students' counseling sessions in developing counseling techniques (COUN 5385). Supervised by Dr. Chi-Sing Li.
- October 18, 2016 **Guest Facilitator**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Facilitated Masters' level pre-practicum students' counseling sessions in developing counseling techniques (COUN 5385). Supervised by Dr. Mary Nichter.
- September 21, 2016 **Group Supervision**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Facilitated Masters' level students in developing counseling techniques (COUN 6376). Supervised by Dr. Rick Bruhn
 - Crestron experience

- August 2016-December 2016 **Counseling Supervision**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Supervised Masters' level graduate student, as partial requirement of Practice of Supervision course (COUN 7335). Supervised by Dr. Chi-Sing Li.
- January 2016-May 2016 **Counseling Supervision**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Supervised Masters' level graduate student, as partial requirement of Theories of Supervision course (COUN 7334). Supervised by Dr. Mary Nichter.
- June 2015-August 2015 **Group Facilitator**, Department of Counselor Education
Sam Houston State University, Huntsville, Texas
- Group facilitator for Masters' level graduate students, as partial requirement of Advanced Counseling Practicum and Techniques course (COUN 7337). Supervised by Dr. Rick Bruhn.

Aldine Independent School District Service

- June 2017-July 2017 **District Counseling Department Handbook Development Committee**, Aldine ISD, Houston, Texas
- Assisted in developing district crisis plan
 - Assisted in revising district guidance plan
 - Assisted in revising district counselor evaluation plan
- June 2006 **District Counseling Department Handbook Development Committee**, Aldine ISD, Houston, Texas
- Assisted in developing district guidance plan

ORGANIZATIONAL MEMBERSHIPS

Professional

- | | |
|--------------|---------------------------------------|
| 2006-Present | American Counseling Association |
| 2006-Present | American School Counselor Association |
| 2005-Present | Texas Counseling Association |

2005-Present	Texas School Counselor Association
2015-Present	Association for Counselor Education and Supervision
2011-Present	Texas Association for Counselor Education and Supervision
2015-Present	Texas Association for Multicultural Counseling and Development
2015-Present	Southern Association for Counselor Education and Supervision
2005-Present	Chi Sigma Iota International Honor Society
2000-Present	Psi Chi National Honor Society
2016-Present	Student Association of Christian Counselors, SHSU
2017	Sam Houston Association for Play Therapy

PROFESSIONAL DEVELOPMENT/TRAINING

February-March 2018	Mindfulness Fundamentals Texas Children's Hospital, Houston, TX
March-April 2018	Mindfulness Educator Essentials Texas Children's Hospital, Houston, TX